

# Bulletin

August 4, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

**OF INTEREST TO**

- County directors
- Social services supervisors and staff
- Income maintenance supervisors and staff
- Tribal social service directors
- Tribal social service supervisors and staff
- Private adoption agency supervisors and staff

**ACTION/DUE DATE**

Please implement use of revised forms by November 1, 2006, and attend training in August 2006.

**EXPIRATION DATE**

August 4, 2008

## Release of revised Adoption Assistance forms and training schedule

**TOPIC**

Revision of Adoption Assistance forms and training schedule on eligibility for Adoption Assistance, and completion of the revised Adoption Assistance forms.

**PURPOSE**

Inform child placing agencies of requirement to use recently revised Adoption Assistance forms and announce associated training. Samples of the forms are included in this bulletin. This bulletin replaces Bulletin #96-68-10 and Bulletin #96-68-14.

**CONTACT**

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**SIGNED**

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CHARLES E. JOHNSON  
Assistant Commissioner  
Children and Family Services

## **Adoption Assistance Forms**

All forms required to apply for Adoption Assistance have been revised. These new forms were designed to clarify eligibility requirements for Adoption Assistance; to provide workers and adoptive families with additional information about the Adoption Assistance Program; and to facilitate the collection of necessary documentation to support eligibility determinations for Adoption Assistance from the certifying agency.

**Effective November 1, 2006**, the Adoption Assistance Program will only accept the revised Adoption Assistance applications. Any applications for Adoption Assistance not completed on the revised forms will be processed only if they are postmarked on or before October 31, 2006.

The revised forms were released to county workers via the Social Service Information System (SSIS), version 4.0, in May 2006. Electronic versions of the revised forms will be distributed to tribal and private agency workers who do not have access to SSIS in conjunction with the August training.

These new forms have made two forms previously used to apply for Adoption Assistance obsolete. The Summary of Basis for Eligibility form (SSIS 72) is no longer required. The use of the Adoption Assistance Agreement Based Upon the High Risk of Developing Physical, Mental, Emotional or Behavioral Disabilities (SSIS 70) has also been discontinued. Workers submitting Adoption Assistance applications for children who qualify solely because of their high risk of developing a disability should now use the Adoption Assistance Agreement (SSIS 69) with particular attention to the sections relevant to children meeting this special needs criteria.

Samples of the revised forms are attached to this Bulletin. **Attachment A** is the Adoption Assistance Certification (SSIS 71); **Attachment B** is the Adoption Assistance Agreement (SSIS 69); and **Attachment C** is the Supplemental Adoption Assistance Needs Assessment (SSIS 73).

## **Eligibility Determinations for Title IV-E Adoption Assistance**

Minnesota Statutes, section 259.67, subdivision 4, requires that a child's eligibility for Title IV-E Adoption Assistance be determined prior to submitting a request for state-funded Adoption Assistance. To determine a child's eligibility for Title IV-E Adoption Assistance, it is necessary to determine if they met the Aid to Families with Dependent Children (AFDC) eligibility requirements in accordance with the program rules as they were in effect on July 16, 1996, at the time the child's removal from his/her home was initiated. This is often referred to as the AFDC Relatedness determination.

In Minnesota, only designated staff (typically income maintenance workers) at each county social service agency are authorized to make AFDC Relatedness determinations. All workers, including tribal and private agency staff, submitting an Adoption Assistance application on behalf of a child must now provide documentation of the determination to the Department of Human Services regardless of if the child meets the AFDC Relatedness requirement. Although

some children will not be placed through the county social service agency, the designated staff at the county are responsible for completing the AFDC Relatedness determination at the request of the placing agency.

To assist designated county staff in responding to these requests, a Title IV-E Adoption Assistance AFDC Relatedness Determination Worksheet has been developed. **Attachment D** is a sample of the worksheet. This form will be available via the University of Minnesota's Foster Care Eligibility Determination Training System Website located at: <http://ssw.che.umn.edu/Connections/EDT.html>. This form is very similar to the Title IV-E Foster Care AFDC Relatedness Determination Worksheet, and workers should review it carefully to understand the differences. Although the form will be used primarily for children who are placed for adoption through a voluntary relinquishment completed by a tribal or private social service agency, it may also be used for children currently in foster care through the county for whom a Title IV-E Foster Care AFDC Relatedness Determination was not previously completed for the current placement episode.

## Training

Training will be offered on five dates in August through Virtual Presence Communication (VPC). The purpose of the training is two-fold: to provide eligibility information on Title IV-E and state-funded Adoption Assistance, and to provide instruction on completing the newly revised forms for county, tribal, and private agency workers responsible for certifying children as eligible for Adoption Assistance. Amy Lembcke, Program Consultant, Adoption Assistance Program, will facilitate the training.

Although the content of the training will be similar for each date, certain dates have been designated as focused on children who are state or tribal wards, and others as focused on children who have been voluntary relinquished for adoption. Participants should register for the training most appropriate to their work. It is not necessary to attend more than one training.

Training focused on children who are state or tribal wards will be held on:

- August 11, 2006, 9:00 a.m.-2:30 p.m.
- August 22, 2006, 9:00 a.m.-2:30 p.m.
- August 28, 2006, 9:00 a.m.-2:30 p.m.

Training focused on voluntary relinquishments will be held on:

- August 18, 2006, 9:00 a.m.-2:30 p.m.
- August 24, 2006, 9:00 a.m.-2:30 p.m.

The preliminary agenda for the training is as follows:

- 9:00 a.m.-11:30 a.m. Eligibility requirements: Title IV-E and state-funded Adoption Assistance
- 11:30 a.m.-1:00 p.m. Break for lunch (participants on their own)
- 1:00 p.m.-2:30 p.m. Revised Adoption Assistance forms: instructions for completion

VPC training sites available on each date are listed on **Attachment E**. To register for the training, e-mail Anne Popovich, [anne.popovich@state.mn.us](mailto:anne.popovich@state.mn.us). Registration by **August 7, 2006** is preferred. The e-mail should include the following information:

- Name
- Phone number
- Agency affiliation
- Date and location of the desired training site.

For registration questions, contact Anne Popovich. For other questions about the training, contact Amy Lembcke, [amy.lembcke@state.mn.us](mailto:amy.lembcke@state.mn.us).

### **Special Needs**

This information is available in other forms to people with disabilities by contacting us at (651) 282-5329 (voice) before August 14, 2006, and effective August 14, 2006 at (651) 431-4671. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

### **Attachments**

- **Attachment A:** Adoption Assistance Certification (SSIS 71)
- **Attachment B:** Adoption Assistance Agreement (SSIS 69)
- **Attachment C:** Supplemental Adoption Assistance Needs Assessment (SSIS 73)
- **Attachment D:** Title IV-E Adoption Assistance AFDC Relatedness Determination Worksheet
- **Attachment E:** List of VPC training sites

## MINNESOTA DEPARTMENT OF HUMAN SERVICES ADOPTION ASSISTANCE CERTIFICATION

**Note:**

- For children under the guardianship of the Minnesota Commissioner of Human Services, the Adoption Assistance application should be completed **only after** the Adoption Placement Agreement (DHS-0312), Level three/Pre-adoptive Placement screens in SSIS, and termination of parental rights court order(s) have been submitted to the Department.
- For children not under the guardianship of the Minnesota Commissioner of Human Services for whom the Commissioner is required to maintain a permanent adoption record under Minnesota Statutes, section 259.79, subdivision 1(b), the Adoption Assistance application should be completed **only after** the Report of Adoptive Placement (DHS-178) and court order granting guardianship to the agency (if applicable) have been submitted to the Department.

According to the requirements of Section 473 of the Social Security Act; Minnesota Statutes, section 259.67; and Minnesota Rules, parts 9560.0071 to 9560.0102; the following information is provided regarding the child's eligibility for the Adoption Assistance Program.

<b>Section I. Child Demographics</b>
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**Legal Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DHS #** \_\_\_\_\_  
Child's full name (first, middle, last) as it appears on the birth record

**A. Age of Child**

1. Is the child under the age of 18?
  - ☐ Yes. **Proceed to Section I, Part B.**
  - ☐ No. **Child is not eligible for title IV-E adoption assistance. Proceed to Section I, Part A, Question 2 to consider eligibility for state-funded adoption assistance.**
2. Is the child currently under the age of 19, enrolled in high school or an equivalent secondary education program, and was the child under the guardianship of the Minnesota Commissioner of Human Services when he/she turned age 18?
  - ☐ Yes. **Child may be eligible for state-funded adoption assistance.** To request the Department's authorization for the child to receive state-funded adoption assistance, attach the following information:
    - A letter from the county social worker, asking the Department to authorize the child to receive state-funded adoption assistance and outlining the reasons why this is being requested for this child;
    - A copy of the child's birth certificate or other verification that the child is currently under the age of 19;
    - A letter from the child's high school or equivalent secondary education program verifying the child's current enrollment; and
    - A court order, verifying that the child was under the guardianship of the Minnesota Commissioner of Human Services prior to age 18.

The Department will consider these requests individually. When submitting the Adoption Assistance Agreements with this request, the end date of the Agreement should be the date the child turns 19. *Note: Approval of the request will be indicated by the signature of the Commissioner's designated agent on the Adoption Assistance Agreements. Denial of the request will be via a letter from the Department.* **Proceed to Section III.**
  - ☐ No. **Stop. Child is not eligible for state-funded adoption assistance.**

## B. Residency

1. Is the child a Minnesota resident for the purposes of title IV-E adoption assistance?
  - ☐ Yes. This child is currently residing with adoptive parents in the state of Minnesota and the Interstate Compact on the Placement of Children is not involved in this case. **Proceed to Section I, Part C.**
  - ☐ Yes. This child is residing with adoptive parents in another state, but was placed by a Minnesota county social service agency or a tribal agency that has a title IV-E agreement with a Minnesota county or the State of Minnesota. **Proceed to Section I, Part C.**
  - ☐ Yes. This child is currently residing with adoptive parents in the state of Minnesota and was placed by a private, nonprofit agency licensed by a state other than Minnesota. The child remains under the jurisdiction of the sending agency pursuant to the Interstate Compact on the Placement of Children. *Note: In this situation, the State of Minnesota will only provide adoption assistance if the child is eligible for title IV-E adoption assistance; a child who remains under the jurisdiction of a sending agency pursuant to the Interstate Compact on the Placement of Children is not eligible for Minnesota's state-funded adoption assistance.* **Proceed to Section I, Part C.**
  - ☐ No. The child is residing with adoptive parents in another state and was placed by a private, nonprofit agency licensed by the State of Minnesota. **The child's eligibility for title IV-E adoption assistance must be determined by the adoptive parents' state of residence; contact that state to apply for title IV-E adoption assistance.** If the adoptive parents' state of residence determines that the child is not eligible for title IV-E adoption assistance, attach documentation of this decision. Appropriate documentation is one of the following:
    - A copy of the title IV-E adoption assistance eligibility determination completed for the child in the adoptive parents' state of residence; or
    - A signed statement on agency letterhead from the individual in the adoptive parents' state of residence who determined the child to be ineligible for title IV-E adoption assistance.**Proceed to Section I, Part C and complete, then proceed directly to Section II, Part E to consider eligibility for Minnesota's state-funded adoption assistance.**
  - ☐ No. The child was placed with adoptive parents in Minnesota by a public child welfare agency of another state. **Stop. The child's eligibility for title IV-E adoption assistance must be determined by the state that has responsibility for the placement and care of the child. The child is not eligible for Minnesota's state-funded adoption assistance.**

## C. Citizenship/Immigration Status

1. What is the child's citizenship or immigration status?
  - ☐ U.S. Citizen/Naturalized Citizen. Attach a photocopy of the child's birth certificate, Certificate of Naturalization, or United States Passport. **Proceed to Section II.**
  - ☐ Lawful Permanent Resident. Attach a photocopy of the child's Permanent Resident Card or other documentation from U.S. Citizenship and Immigration Services of the child's status as a lawful permanent resident. **Proceed to Section I, Part C, Question 2.**
  - ☐ Other Documented Non-Citizen. Contact U.S. Citizenship and Immigration Services to determine if the child meets the definition of a "qualified alien," as defined by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Attach documentation from U.S. Citizenship and Immigration Services of the child's status as a "qualified alien." **Proceed to Section I, Part C, Question 2.**
  - ☐ Undocumented Immigrant. **Child is not eligible for title IV-E adoption assistance. Child may be eligible for state-funded adoption assistance.** Attach documentation of the agency's efforts to obtain immigration documentation for the child. The Department will consider these requests individually. *Approval of the request will be*

*indicated by the signature of the Commissioner's designated agent on the Adoption Assistance Agreements. Denial of the request will be via a letter from the Department. Proceed directly to Section II, Part E to consider eligibility for Minnesota's state-funded adoption assistance.*

2. Did the child enter the United States on or after August 22, 1996?
- ☐ Yes. **Proceed to Section I, Part C, Question 3.**
- ☐ No. **Proceed to Section II.**
3. Has the child lived in the United States for five or more years?
- ☐ Yes. **Proceed to Section II.**
- ☐ No. **Proceed to Section II.**

## **Section II. Eligibility Factors**

*Note: Part D, Question 2 should be reviewed and verified by the county worker who has been given responsibility to make title IV-E foster care AFDC relatedness determinations. If the child being adopted is not under the guardianship of the Minnesota Commissioner of Human Services, contact the county where the last legally responsible person for the child resided at the time of the child's placement to make this determination.*

### **A. SSI Eligibility**

1. Is the child eligible to receive SSI at the time that the adoption petition is initiated?
- ☐ Yes. **Child may be eligible for title IV-E adoption assistance.** If child is SSI-eligible, attach one of the following:
- A copy of the SSI eligibility notification from the Social Security Administration;
  - A copy of a recent SSI benefit check; or
  - A letter from the Social Security Administration on agency letterhead, indicating the child's SSI eligibility.
- Proceed to Section III.**
- ☐ No. **Proceed to Section II, Part B.**

### **B. Eligibility for Title IV-E Adoption Assistance in Previous Adoption**

1. Was the child eligible for title IV-E adoption assistance in a previous adoption where the adoptive parents have now died or the adoption has dissolved?
- ☐ Yes. **Child may be eligible for title IV-E adoption assistance.** If yes, attach:
- A copy of the child's most recent Adoption Assistance Agreement from the previous adoption or a letter from the state that provided the previous adoption assistance payment, indicating that the child was eligible for title IV-E adoption assistance at the time of the previous adoption; and
  - A copy of the court order terminating the parental rights of the previous adoptive parents or a copy of the death certificates of the previous adoptive parents.
- Proceed to Section III.**
- ☐ No. **Proceed to Section II, Part C.**

### **C. Child of a Title IV-E Eligible Minor Parent in Foster Care**

1. Has the child continuously resided with his/her minor parent in foster care and is a title IV-E foster care maintenance payment that covers both the minor parent and the child being made at the time the adoption petition is initiated?
- ☐ Yes. **Child may be eligible for title IV-E adoption assistance. Proceed to Section III.**
- ☐ No. **Proceed to Section II, Part D.**

#### D. AFDC-Relatedness

1. Does the child meet one of the removal requirements specified by title IV-E adoption assistance regulations?
  - ☐ Yes. Child was removed from the home pursuant to a judicial determination and the determination indicated that it was contrary to the child's welfare to remain in the home. Attach a copy of the court order that removed the child from the home.  
**Proceed to Section II, Part D, Question 2.**
  - ☐ Yes. Child was removed from the home by the county social service agency or a tribal agency that has a title IV-E agreement with a Minnesota county or the State of Minnesota pursuant to a voluntary placement agreement and a title IV-E foster care payment was paid on behalf of the child under the voluntary placement agreement. Attach a copy of the voluntary placement agreement. **Proceed to Section II, Part D, Question 2.**
  - ☐ Yes. Child meets all of the following criteria:
    - Child was voluntarily relinquished<sup>1</sup> to a county social service agency, a tribal agency that has a title IV-E agreement with a Minnesota county or the State of Minnesota, or to a private, nonprofit agency;
    - There was a petition to the court to remove the child from the home filed within six months of the time the child lived with a specified relative<sup>2</sup>; and
    - There was a subsequent judicial determination that remaining in the home would be contrary to the child's welfare.Attach a copy of the voluntary relinquishment, verification of the date that the petition to remove the child from the home was filed, and a copy of the judicial determination indicating that remaining in the home would be contrary to the child's welfare. **Proceed to Section II, Part D, Question 2.**
  - ☐ No. **Child is not eligible for title IV-E adoption assistance. Proceed to Section II, Part E to consider eligibility for state-funded adoption assistance.**
2. Did the child meet the AFDC eligibility requirements (in accordance with the program rules as they were in effect on July 16, 1996) at the time the child's removal was initiated (i.e. eligibility month<sup>3</sup>)?
  - ☐ Yes. **Child may be eligible for title IV-E adoption assistance.** Attach documentation of this from the financial worker at the county social service agency. Appropriate documentation is one of the following:
    - A copy of the FCBT (Foster Care Basic Test) screen print from MAXIS from the current placement episode (this option is only for children who were placed through the county social service agency);
    - A copy of the Title IV-E Foster Care AFDC Relatedness Determination Worksheet from the current placement episode (this option is only for children who were placed through the county social service agency);
    - A copy of the Title IV-E Adoption Assistance AFDC Relatedness Determination – Removal Home Worksheet; or

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<sup>1</sup> Voluntary relinquishment is defined as the voluntary surrender by parents of their parental rights to an agency without court involvement. A voluntary relinquishment is different than placing a child in foster care through a voluntary placement agreement or a judicial determination.

<sup>2</sup> A specified relative is defined as relatives to the fifth degree including parents and siblings (natural, adoptive, or step), aunts or uncles, nephews or nieces, first or second cousins (first cousins once removed), first cousins of the child's parents, any of the aforementioned by half blood or marriage (even if the marriage has ended by divorce or death), or by preceding generations as denoted by the prefixes "grand", "great", or combinations of these two prefixes including "great great great." Accordingly, for the purpose of determining title IV-E eligibility, any child who is removed from the home of a relative who is within the fifth degree of kinship to the child meets the specified relative criteria for AFDC.

<sup>3</sup> Eligibility month is defined as the month in which a Voluntary Placement Agreement or voluntary relinquishment is signed by all parties, or the month in which the first petition is filed that brings the matter to court and eventually results in the child's placement.

- A signed statement on county letterhead from the financial worker at the county social service agency, indicating that AFDC Relatedness has been met at the time the child's removal was initiated.

**Proceed to Section III.**

- ☐ No. **Child is not eligible for title IV-E adoption assistance.** Attach documentation of this from the financial worker at the county social service agency. Appropriate documentation is one of the following:
- A copy of the FCBT (Foster Care Basic Test) screen print from MAXIS from the current placement episode (this option is only for children who were placed through the county social service agency);
  - A copy of the Title IV-E Foster Care AFDC Relatedness Determination Worksheet from the current placement episode (this option is only for children who were placed through the county social service agency);
  - A copy of the Title IV-E Adoption Assistance AFDC Relatedness Determination – Removal Home Worksheet; or
  - A signed statement on county letterhead from the financial worker at the county social service agency, indicating that AFDC Relatedness has **not** been met at the time the child's removal was initiated.

**Proceed to Section II, Part E to consider eligibility for state-funded adoption assistance.**

**E. Legal Status Requirements to Determine Eligibility for State-Funded Adoption Assistance**

1. Does the child meet one of the legal status requirements specified in order for a child to be eligible for state-funded adoption assistance?
  - ☐ Yes. Guardianship of the child has been transferred to the Commissioner of the Minnesota Department of Human Services, and copies of the termination of parental rights and guardianship orders are on file with the Minnesota Department of Human Services. **Child may be eligible for state-funded adoption assistance. Proceed to Section III.**
  - ☐ Yes. Guardianship of the child has been transferred to the following Minnesota licensed child-placing agency: \_\_\_\_\_. Attach copies of the termination of parental rights and guardianship orders. **Child may be eligible for state-funded adoption assistance. Proceed to Section III.**
  - ☐ Yes. Guardianship of the child has been transferred to the following tribal social service agency of Minnesota, recognized by the Secretary of the Interior: \_\_\_\_\_. Attach a copy of the guardianship order. **Child may be eligible for state-funded adoption assistance. Proceed to Section III.**
  - ☐ Yes. The child is being adopted according to tribal law without a termination of parental rights or relinquishment. Attach documentation from the tribe indicating the valid reason why the child cannot or should not return to the home of the child's parents. **Child may be eligible for state-funded adoption assistance. Proceed to Section III.**
  - ☐ No. **Stop. Child is not eligible for state-funded adoption assistance.**

**Section III. Special Needs Determination**

**A. Barriers to Adoption**

1. Does the child possess at least one of the following specific factors or conditions because of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance or medical assistance? (*check only one factor which **best** describes why the child cannot be placed without providing adoption assistance or medical assistance*)

- ☐ Yes. The child has one or more of the following disabilities: *(check all that apply)*
- ☐ Physical disability
  - ☐ Mental disability
  - ☐ Social/Emotional disability
  - ☐ Behavioral disability

If a disability is selected, attach professional documentation of the child's disability to this Certification. Examples of appropriate professional documentation include: birth records, medical records, psychological evaluations, special education plan or assessments, or therapy reports. The documentation should be dated within the past year. If documentation within the past year is not available, attach a statement explaining why the documentation is not available, and the Adoption Assistance Program may authorize use of alternative documentation. **Proceed to Section III, Part B.**

- ☐ Yes. The child is a member of a sibling group to be placed as one unit in which at least one of the siblings: *(check all that apply)*
- ☐ is older than 15 months of age.
  - ☐ has a documented physical, mental, social/emotional, or behavioral disability.
  - ☐ has a high risk of developing a physical, mental, social/emotional, or behavioral disability.

Note: Documentation of the sibling's age, disability, or high risk of developing a disability must be attached to the sibling's Certification.

**Proceed to Section III, Part B.**

- ☐ Yes. The child has a high risk of developing a physical, mental, social/emotional, or behavioral disability. Describe concisely in the space provided:

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If high risk is selected, attach supporting documentation of the information stated above. Examples of appropriate supporting documentation include: birth records, medical records, or a social history. **Proceed to Section III, Part B.**

- ☐ No. **Stop. Child is not eligible for title IV-E or state-funded adoption assistance.**

## B. Search for Placement Without Providing Adoption Assistance

1. Was a reasonable, but unsuccessful, effort made to place the child with appropriate parents without providing adoption assistance?

- ☐ Yes. The effort included all of the following:
- Relative/Kin Search;
  - Registration with the Minnesota State Adoption Exchange<sup>4</sup>, and
  - At least one of the following additional recruitment efforts: *(check all that apply)*
    - ☐ Efforts to locate an adoptive home within the agency that is servicing the case
    - ☐ Presentation at the Minnesota Statewide Task Force on Permanency
    - ☐ Child specific recruitment (such as through The Homecoming Project or the Public/Private Adoption Initiative) Name of agency used: \_\_\_\_\_
    - ☐ Thursday's Child
    - ☐ Newspaper feature (such as Star Tribune monthly feature)
    - ☐ Other (describe): \_\_\_\_\_

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<sup>4</sup> The establishment and maintenance of an adoption exchange is the responsibility of the Minnesota Department of Human Services pursuant to Minnesota Statutes, section 259.75. The State Adoption Exchange includes the following recruitment efforts: the secure matching site, the public photo Web listing, and the statewide adoption list-serve. To meet the criterion of the State Adoption Exchange as a reasonable placement effort, the child must participate in the appropriate recruitment effort as determined by the contract agency administering the State Adoption Exchange on behalf of the Minnesota Department of Human Services.

Attach documentation to the Certification of each recruitment effort, including the relative/kin search and registration with the Minnesota State Adoption Exchange. **Proceed to Section III, Part B, Question 2.**

- ☐ No. However, the state adoption unit is being asked to waive the requirement to make a reasonable effort to place the child without providing adoption assistance because: *(check one of the following)*

☐ The child is being adopted by a relative and it is against the best interest of the child for the above-named recruitment efforts to be completed. *Approval of the request to waive the requirement to make a reasonable effort will be indicated by the signature of the Commissioner's designated agent on the Adoption Assistance Agreements. Denial of the request will be via a letter from the Department.*

**Proceed to Section III, Part B, Question 2.**

☐ The child is being adopted by his/her foster parents. The child has developed significant emotional ties with the prospective adoptive parents while in their care as a foster child, and it is in this child's best interest to remain in this home. *Approval of the request to waive the requirement to make a reasonable effort will be indicated by the signature of the Commissioner's designated agent on the Adoption Assistance Agreements. Denial of the request will be via a letter from the Department.* **Proceed to Section III, Part B, Question 2.**

☐ The child has a specific condition that required recruitment of a particular family able to care for the child and it was against the best interests of the child for the above-named recruitment efforts to be completed. Describe concisely this condition and why recruitment was against the child's best interests:

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If this choice is selected, attach professional documentation of the child's condition to this Certification. The documentation should specify the child's disability and/or diagnosis. Examples of appropriate professional documentation include: birth records, medical records, psychological evaluations, special education assessments, or therapy reports. The documentation should be dated within the past year. If documentation within the past year is not available, attach a statement, explaining why the documentation is not available, and the Adoption Assistance Program may authorize use of alternative documentation. *Approval of the request to waive the requirement to make a reasonable effort will be indicated by the signature of the Commissioner's designated agent on the Adoption Assistance Agreements. Denial of the request will be via a letter from the Department.* **Proceed to Section III, Part B, Question 2.**

- ☐ No. **Stop. Child is not eligible for title IV-E or state-funded adoption assistance.**

2. Are the adoptive parents willing to adopt this child without receiving adoption assistance?

☐ Yes. **Stop. Child is not eligible for title IV-E or state-funded adoption assistance.**

☐ No. The adoptive parents have been asked if they would be willing to adopt this child without receiving adoption assistance and they have stated that they would not be willing to adopt the child without adoption assistance. **If the answers to questions thus far have not ruled out title IV-E adoption assistance for this child, proceed to Section III, Part C to continue the eligibility determination for title IV-E adoption assistance. If the answers to questions in Section II determined that this child is ineligible for title IV-E adoption assistance, proceed directly to Section V; the child is eligible for state-funded adoption assistance and it is not necessary to complete Section III, Part C or Section IV.**

**C. Determination that Child Cannot or Should Not Be Returned to the Home of His/Her Parents**

1. Has there been a determination by the State that the child cannot or should not be returned to the home of his/her mother?
  - ☐ Yes. There has been a court-ordered termination of parental rights for the mother. Attach a copy of the termination of parental rights court order. **Proceed to Section III, Part C, Question 2.**
  - ☐ Yes. There has been a court-ordered consent to adopt under Minnesota Statutes, section 260C.201, subdivision 11 and Minnesota Statutes, section 259.24 for the mother. Attach a copy of the consent to adopt court order. **Proceed to Section III, Part C, Question 2.**
  - ☐ Yes. The mother has voluntarily relinquished her parental rights to the child. Attach a copy of the signed relinquishment. **Proceed to Section III, Part C, Question 2.**
  - ☐ Yes. The Tribe has made a determination that the child cannot or should not be returned to the home of his/her mother. Attach evidence of the Tribe's determination. **Proceed to Section III, Part C, Question 2.**
  - ☐ No. **Child is not eligible for title IV-E adoption assistance. Return to Section II, Part E to consider the child's eligibility for state-funded adoption assistance. If the answer to Section II, Part E, Question 1 is yes, then the child is eligible for state-funded adoption assistance. Proceed directly to Section V; it is not necessary to complete Section III, Part C, Question 2 or Section IV.**
  
2. Has there been a determination by the State that the child cannot or should not be returned to the home of his/her father?
  - ☐ Yes. There has been a court-ordered termination of parental rights for the father. Attach a copy of the termination of parental rights court order. **Proceed to Section IV.**
  - ☐ Yes. There has been a court-ordered consent to adopt under Minnesota Statutes, section 260C.201, subdivision 11 and Minnesota Statutes, section 259.24 for the father. Attach a copy of the consent to adopt court order. **Proceed to Section IV.**
  - ☐ Yes. The father has voluntarily relinquished his parental rights to the child. Attach a copy of the signed relinquishment. **Proceed to Section IV.**
  - ☐ Yes. The Tribe has made a determination that the child cannot or should not be returned to the home of his/her father. Attach evidence of the Tribe's determination. **Proceed to Section IV.**
  - ☐ No. **Child is not eligible for title IV-E adoption assistance. Return to Section II, Part E to consider the child's eligibility for state-funded adoption assistance. If the answer to Section II, Part E, Question 1 is yes, then the child is eligible for state-funded adoption assistance. Proceed directly to Section V; it is not necessary to complete Section IV.**

<b>Section IV. Adoptive Parent Demographics</b>
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*Note: Do not complete this section if the answers to previous questions have determined that the child is not eligible for title IV-E adoption assistance.*

**Use the answers to Section I, Part C to complete the child's citizenship/immigration status:**

- ☐ U.S. Citizen/Naturalized Citizen. **Proceed to Section IV, Part B.**
- ☐ Legal Permanent Resident who entered the United States before August 22, 1996. **Proceed to Section IV, Part B.**
- ☐ Legal Permanent Resident who entered the United States on or after August 22, 1996, and who has lived in the United States for five or more years. **Proceed to Section IV, Part B.**

- ☐ Legal Permanent Resident who entered the United States on or after August 22, 1996, and who has lived in the United States for less than five years. **Proceed to Section IV, Part A.**
- ☐ Other Documented Non-Citizen, meeting the definition of “qualified alien”, as defined by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, who entered the United States before August 22, 1996. **Proceed to Section IV, Part B.**
- ☐ Other Documented Non-Citizen, meeting the definition of “qualified alien”, as defined by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, who entered the United States on or after August 22, 1996, and who has lived in the United States for five or more years. **Proceed to Section IV, Part B.**
- ☐ Other Documented Non-Citizen, meeting the definition of “qualified alien”, as defined by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, who entered the United States on or after August 22, 1996, and who has lived in the United States for less than five years. **Proceed to Section IV, Part A.**

#### A. Citizenship/Immigration Status

1. What are the names of this child’s adoptive parents?

Adoptive Parent #1: \_\_\_\_\_

Adoptive Parent #2: \_\_\_\_\_

**Proceed to Section IV, Part A, Question 2.**

2. What is Adoptive Parent #1’s citizenship or immigration status?

- ☐ U.S. Citizen/Naturalized Citizen. Attach a photocopy of this parent’s birth certificate, Certificate of Naturalization, or United States Passport. **If there are two adoptive parents, proceed to Section IV, Part A, Question 3. If there is only one adoptive parent, proceed to Section IV, Part B.**
- ☐ Lawful Permanent Resident. Attach a photocopy of this parent’s Permanent Resident Card or other documentation from U.S. Citizenship and Immigration Services of this parent’s status as a lawful permanent resident. **If there are two adoptive parents, proceed to Section IV, Part A, Question 3. If there is one only adoptive parent, proceed to Section IV, Part B.**
- ☐ Other Documented Non-Citizen. Contact U.S. Citizenship and Immigration Services to determine if the parent meets the definition of a “qualified alien,” as defined by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Attach documentation from U.S. Citizenship and Immigration Services of the parent’s status as a “qualified alien.” **If there are two adoptive parents, proceed to Section IV, Part A, Question 3. If there is one adoptive parent, proceed to Section IV, Part B.**
- ☐ Undocumented Immigrant. **Child is not eligible for title IV-E adoption assistance. Child is eligible for state-funded adoption assistance. Proceed to Section V.**

3. What is Adoptive Parent #2’s citizenship or immigration status?

- ☐ U.S. Citizen/Naturalized Citizen. Attach a photocopy of this parent’s birth certificate, Certificate of Naturalization, or United States Passport. **Proceed to Section IV, Part B.**
- ☐ Lawful Permanent Resident. Attach a photocopy of this parent’s Permanent Resident Card or other documentation from U.S. Citizenship and Immigration Services of this parent’s status as a lawful permanent resident. **Proceed to Section IV, Part B.**
- ☐ Other Documented Non-Citizen. Contact U.S. Citizenship and Immigration Services to determine if the parent meets the definition of a “qualified alien,” as defined by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Attach documentation from U.S. Citizenship and Immigration Services of the parent’s status as a “qualified alien.” **Proceed to Section IV, Part B.**
- ☐ Undocumented Immigrant. **Child is not eligible for title IV-E adoption assistance. Child is eligible for state-funded adoption assistance. Proceed to Section V.**

## B. Criminal Background Checks

1. Were criminal background checks completed on the adoptive parents?  
☐ Yes. Attach copies of the background checks. **Proceed to Section IV, Part B, Question 2.**  
☐ No. **Child is not eligible for title IV-E adoption assistance. Child is eligible for state-funded adoption assistance. Proceed to Section V.**
2. Did the criminal background checks reveal that a court of competent jurisdiction has determined that either adoptive parent has been convicted of a felony involving child abuse or neglect, spousal abuse, a crime against a child (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide (but not other physical assault or battery)?  
☐ Yes. **Child is not eligible for title IV-E adoption assistance. Child is eligible for state-funded adoption assistance. Proceed to Section V.**  
☐ No. **Proceed to Section IV, Part B, Question 3.**
3. Did the criminal background checks reveal that a court of competent jurisdiction has determined that either adoptive parent has been convicted of a felony involving physical assault, battery, or a drug-related offense, within the last five years?  
☐ Yes. **Child is not eligible for title IV-E adoption assistance. Child is eligible for state-funded adoption assistance. Proceed to Section V.**  
☐ No. **Child is eligible for title IV-E adoption assistance. Proceed to Section V.**

## Section V. Adoption Assistance Payments

*Note: If the child is eligible for Supplemental Security Income (SSI) post-finalization, the child may receive benefits from both SSI and adoption assistance. The family is responsible for reporting the amount of the adoption assistance payment to the Social Security Administration, and the SSI payment will be reduced by the amount of the adoption assistance payment. If the child is eligible post-finalization for a Social Security payment based on a birth or adoptive parent's status, the child may receive benefits from both Social Security and adoption assistance. The family is responsible for reporting the amount of the adoption assistance payment to the Social Security Administration. The Social Security Administration will decide what effect, if any, the adoption assistance payment will have on the Social Security benefit.*

### A. Monthly Basic Maintenance Needs Adoption Assistance Payment

1. Is the child currently eligible for a monthly basic maintenance needs payment?  
☐ Yes. Child qualifies for monthly basic maintenance needs payment. **Proceed to Section V, Part A, Question 2.**  
☐ No. Child meets high-risk criteria only. **No payment will be made unless/until a disability related to the high-risk criteria manifests. Proceed to Section V, Part C.**
2. Is payment of monthly basic maintenance needs adoption assistance being requested by the adoptive family at this time?  
☐ Yes. Current monthly basic maintenance needs payment will be: \$\_\_\_\_\_. **Proceed to Section V, Part B.**  
☐ No. Family does not wish to receive this payment at this time. Attach documentation from the family of this decision. **Proceed to Part B.**

### B. Monthly Supplemental Adoption Assistance Payment

1. Is the child currently eligible for a monthly supplemental adoption assistance payment?  
☐ Yes. Child qualifies for monthly supplemental adoption assistance payment at the following supplemental adoption assistance level: \_\_\_\_\_. **Attach**

**Supplemental Adoption Assistance Needs Assessment and proceed to Section V, Part B, Question 2.**

☐ No. Child does not qualify for monthly supplemental adoption assistance payment at this time. **Proceed to Section V, Part C.**

2. Is payment of monthly supplemental adoption assistance being requested by the adoptive family at this time?

☐ Yes. Current monthly supplemental adoption assistance payment will be: \$\_\_\_\_\_.

**Proceed to Section V, Part C.**

☐ No. Family does not wish to receive this payment at this time. Attach documentation from the family of this decision. **Proceed to Section V, Part C.**

**C. Total Monthly Payment**

1. What is the total monthly payment (i.e. basic maintenance needs payment and supplemental adoption assistance payment) that initially will be made for this child?

☐ \$0. The child meets high-risk criteria only. No payment will be made unless/until a disability related to the high-risk criteria manifests. **Proceed to Section VI.**

☐ \$0. The child is eligible for a monthly payment, but the family has chosen not to receive a payment at this time. **Proceed to Section VI.**

☐ Other amount (specify): \$\_\_\_\_\_. **Proceed to Section VI.**

**Section VI. Summary**

☐ Child is eligible for title IV-E adoption assistance. Total monthly payment will be: \$\_\_\_\_\_.

☐ Child is eligible for state-funded adoption assistance. Total monthly payment will be: \$\_\_\_\_\_.

☐ Child is not eligible for adoption assistance.

**Section VII. Attachments**

The following documents must be attached to this Certification:

- Child's Social History;
- Supplemental Adoption Assistance Needs Assessment (if applicable);
- Documentation indicating the child's disability (if applicable);
- DHS-178 – Report of Adoptive Placement (for children not under the guardianship of the Commissioner of the Minnesota Department of Human Services, if the Commissioner of Human Services is not required to maintain a permanent adoption record for this child under Minnesota Statutes, section 259.79, subdivision 1(b)); and
- Other attachments, as requested in previous sections.

**Section VIII. Signatures**

All of the information on this Certification is correct and true, to the best of my knowledge.

**Completed by:**

\_\_\_\_\_  
Signature of Social Worker

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

Social Worker Name \_\_\_\_\_ Social Worker Phone \_\_\_\_\_

Social Worker E-mail Address \_\_\_\_\_ Agency Name \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
Signature of Director of Placing Agency or Director's Designee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Name of County/Licensed Private Adoption Agency

## MINNESOTA DEPARTMENT OF HUMAN SERVICES ADOPTION ASSISTANCE AGREEMENT

The Commissioner of Human Services is authorized to enter into Adoption Assistance Agreements pursuant to Minnesota Statutes, section 259.67. The Adoption Assistance Program within the State of Minnesota's Department of Human Services administers the Adoption Assistance Agreements on the Commissioner's behalf.

\_\_\_\_\_, (hereinafter "placing agency"), has certified \_\_\_\_\_, (hereinafter "adopted child's full legal adoptive name")  
placing agency adopted child's full legal adoptive name  
 DHS# \_\_\_\_\_ (hereinafter the "child"), who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ☐ is ☐ is not Title IV-E eligible, as eligible for adoption assistance. The following Agreement has been entered into by and between the Minnesota Commissioner of Human Services (hereinafter "Commissioner"), \_\_\_\_\_, full legal name of adoptive parent(s)

(hereinafter "adoptive parent(s)"), and the placing agency for the purpose of facilitating the legal adoption of the child and to aid the adoptive family in providing proper care for the child.

- ☐ This document is the initial Adoption Assistance Agreement. The adoptive parent(s) agree that they intend to adopt the child named above and that they have signed this document prior to finalization of the adoption. The Agreement is subject to the court granting the adoption petition and begins on the date that the adoption decree is issued.
- ☐ This document is the initial Adoption Assistance Agreement. The finalization of the adoption for the child named above has already occurred. The Appeals and Regulations Division has ordered the Commissioner to enter into an Adoption Assistance Agreement from the date indicated on the Order. A copy of the Order issued by the Appeals and Regulations Division is attached to this Agreement.

### PROVISIONS OF AGREEMENT

#### I. Assistance

##### A. Monthly Adoption Assistance

##### 1. Total Monthly Payment

The monthly payment shall total \$\_\_\_\_\_ per month.

- ☐ **This child's eligibility for adoption assistance is based solely on the child being at high risk of developing physical, mental, social, emotional, or behavioral disabilities. When a child's eligibility for adoption assistance is based upon the high risk of developing physical, mental, social, emotional, or behavioral disabilities, no payment will be made unless and until the potential disability manifests itself as documented by an appropriate professional and the Commissioner authorizes commencement of a payment by modifying this Agreement accordingly.**

The placing agency must identify resources available to meet the child's special needs before the amount of the monthly payment is determined. The amount of the monthly adoption assistance payment shall not exceed the monthly foster care maintenance payment and difficulty of care payment for the child if he/she was in a foster home in the state of Minnesota. The amount of the monthly adoption assistance payment is subject to the availability of state and federal funds. Adjustments in the monthly adoption assistance amount may be made with the concurrence of the adoptive parent(s) and the Commissioner. Unilateral changes to the monthly adoption assistance amount based on age or cost of living adjustments may be made by the Commissioner.

**2. Basic Maintenance Payment**

A monthly basic maintenance needs payment is available to assist in meeting the basic needs of the child, such as food, clothing, and shelter. Monthly basic maintenance payments for adoption assistance are made according to the following schedule:

Ages 0-5	up to \$247/month
Ages 6-11	up to \$277/month
Ages 12-14	up to \$307/month
Ages 15-17	up to \$337/month
Ages 18-22	up to \$337/month (if the Agreement is extended to these ages under Section IX)

**3. Monthly Supplemental Adoption Assistance Payment**

A supplemental adoption assistance payment is a payment in addition to the basic maintenance needs payment and is available when a child has a diagnosed physical, mental, social, emotional, or behavioral disability that requires care, supervision, and structure beyond that ordinarily provided in a family setting to children of the same age. The amount of payment for supplemental maintenance is based on the severity of the child's needs and the effect of the child's needs on the adoptive family. The certifying agency agrees to assess all children to determine eligibility for supplemental adoption assistance using the Supplemental Adoption Assistance Needs Assessment form prescribed by the Commissioner.

The placing agency has assessed the child at the following supplemental level:

- |   |  |
|---|--|
| <input type="checkbox"/> No supplemental level        | <input type="checkbox"/> Level III (up to \$400/month) |
| <input type="checkbox"/> Level I (up to \$150/month)  | <input type="checkbox"/> Level IV (up to \$500/month)  |
| <input type="checkbox"/> Level II (up to \$275/month) |  |

If changes in the child's physical, mental, social, emotional, or behavioral condition occur which the adoptive parent(s) believes may qualify the child for supplemental adoption assistance or change the level of supplemental payments for which the child qualifies, the adoptive parent(s) must contact the county social service agency where the child resides in writing so that the child can be reassessed. If the child resides outside of the state of Minnesota, the adoptive parent(s) must contact the placing agency to provide the reassessment.

**B. Medical Care**

1. Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the child in accordance with the procedures of the state in which the child resides. The adoptive parent(s) agrees to apply for Medicaid for the child in their county of residence immediately after adoption finalization. If the adoptive parent(s) resides in a state other than Minnesota, they will receive a letter instructing them on how to apply for Medicaid for the child in the child's state of residence. If the child is not eligible for Medicaid in the state of residence, Minnesota will provide Medical Assistance coverage, limited to providers authorized by Minnesota's Medical Assistance Program.
2. If the child moves to another state after the Adoption Assistance Agreement is in effect, the adoptive parent(s) agrees to contact the Adoption Assistance Program to receive information about the child's eligibility for Medicaid in the child's new state of residence and how to apply for Medicaid in the child's new state of residence.
3. The adoptive parent(s) agrees to cooperate with the Medicaid program rules and procedures in the state in which the child resides, which may include coverage of the child by the family health insurance plan, if any. Medicaid requires prior authorization for certain medical needs. Coverage

of medical services will be limited to items provided for by Medicaid program rules in the child's state of residence. Items covered by Medicaid may vary from state to state.

4. Reimbursement from the Adoption Assistance Program is not available for any service or item covered under Medicaid or for any service or item that Medicaid has determined is not medically necessary.

### C. Non-Medical Needs

1. Reimbursement is available for certain non-medical services and special costs required to meet the child's special needs as documented in the child's Adoption Assistance Certification and corresponding supporting documentation. **Reimbursement for non-medical services or special costs is not available for a child whose eligibility for adoption assistance is based solely on the child being at high risk of developing physical, mental, social, emotional, or behavioral disabilities. When a child's eligibility for adoption assistance is based upon the high risk of developing physical, mental, social, emotional, or behavioral disabilities, no reimbursement for non-medical services or special costs will be made unless and until the potential disability manifests itself as documented by an appropriate professional and the Commissioner authorizes reimbursement for non-medical services or special costs by modifying this Agreement accordingly.**

Minnesota Rules, part 9560.0083, subpart 7, limits reimbursement to the following non-medical services and special costs:

- a. Services prescribed by a physician, psychologist, or developmental specialist for children under age three who are developmentally delayed and the services are not available through the public school system;
  - b. Child care during the hours of employment, training or education of the adoptive parent(s) (maximum reimbursement rate is limited to the amount the county social service agency would pay for a trained caregiver in the home or in a licensed day care facility or the amount the adoptive parent(s) would pay under the child care sliding fee program);
  - c. Family counseling required to meet the child's needs (reimbursement limited to amount insurance will not cover to include the family in the child's counseling);
  - d. Post adoption counseling to promote the child's integration into the adoptive family (reimbursement limited to 12 sessions provided in the year following the issuance of the adoption decree);
  - e. Respite care (reimbursement limited to a maximum of 504 hours annually at the respite rate set by the county social service agency);
  - f. A portion of burial expenses, if the child's special needs result in his/her death (maximum reimbursement of \$1,000);
  - g. Camping programs adapted to meet the child's special needs (reimbursement limited to a maximum of two weeks of camp per year);
  - h. Specialized communication equipment prescribed through the public school district, but not covered by educational, vocational, or other rehabilitation services; and
  - i. Alterations to the family home or vehicle to accommodate the child's special physical needs (three itemized estimates of the cost must be submitted with requests to make alterations to the family home or vehicle to accommodate the child's special physical needs).
2. The adoptive parent(s) agrees to obtain written authorization from the Department at least thirty days before making an expenditure for which reimbursement will be sought. Failure to obtain prior authorization will result in denial of payment for the expense.
  3. The adoptive parent(s) agrees to submit reimbursement for services on a monthly basis. The State fiscal year ends on June 30<sup>th</sup>. Reimbursement requests for expenditures between July 1<sup>st</sup> and June

30<sup>th</sup> of a given fiscal year must be submitted by August 28<sup>th</sup> of the subsequent fiscal year in order for reimbursement to occur.

4. Reimbursements are subject to Adoption Assistance Program rules and adoptive parent(s) may be required to apply for services through their county social service agency before receiving reimbursement from the Adoption Assistance Program for services. Eligibility for services from the county social service agency may be considered in authorizing approvals for reimbursement.

**D. Nonrecurring Adoption Expenses**

The Commissioner agrees to reimburse the adoptive parent(s) for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$2,000. The expenses must directly relate to the legal adoption of the child, not be incurred in violation of State or Federal law, and must not have been reimbursed from other sources or funds. Reimbursement requests for adoptions finalized between July 1<sup>st</sup> and June 30<sup>th</sup> of a given fiscal year must be submitted by August 28<sup>th</sup> of the subsequent fiscal year in order for reimbursement to occur.

**II. Notification of Change**

The adoptive parent(s) agrees to notify the Commissioner in writing within 30 days of the following changes for the duration of this Agreement:

- a. Change in the family's address;
- b. Change in the child's legal guardian(s);
- c. Child's completion of high school;
- d. Date of termination of the parental rights of the adoptive parent(s) or other determination that the adoptive parent(s) is no longer legally responsible for support of the child;
- e. Date the adoptive parent(s) is no longer providing any support to the child;
- f. Date of death of the child;
- g. Date of death of the adoptive parent(s);
- h. Date the child enlists in the military;
- i. Date of marriage of the child;
- j. Date the child becomes an emancipated minor;
- k. Separation or divorce of the adoptive parents; or
- l. Residence of the child outside the adoptive home for a period of more than 30 consecutive days.

Notification of any of the above changes must be provided to the Commissioner at:

Minnesota Department of Human Services  
Adoption Assistance Program  
PO Box 64944  
St. Paul MN 55164-0944

**III. Annual Affidavit**

- A. The Commissioner agrees to furnish the adoptive parent(s) an affidavit form, on an annual basis, 30 days before the anniversary date of this Agreement.
- B. The adoptive parent(s) agrees to complete, have notarized, and submit the affidavit on an annual basis, within 30 days of the anniversary date of this Agreement to:

Minnesota Department of Human Services  
Adoption Assistance Program  
PO Box 64944  
St. Paul MN 55164-0944

- C. The affidavit shall certify:
  - 1. whether the child remains under the care of the adoptive parent(s); and
  - 2. whether the need for adoption assistance continues.
- D. Upon receiving the affidavit, the Commissioner will send the county of financial responsibility a copy for purposes of recertifying the child's continuing eligibility for Medical Assistance.
- E. If the affidavit is not received by the Commissioner within 30 days after the anniversary date of the Agreement, a notice will be mailed to the adoptive parent(s). A copy of the notice will be sent to the county of financial responsibility. The notice will state that the child's eligibility for Medical Assistance may end if the affidavit is not returned to the Commissioner within 30 days of the issuance of the notice.

#### **IV. Modification of Terms**

- A. This Agreement is subject to modification when a significant change in the child's circumstances affects the need for or amount of the monthly payment.
- B. The parties to the Agreement may at any time request modification of the Agreement. The request must be made in writing.
- C. The Commissioner will unilaterally modify this Agreement to comply with changes to federal or state law or rules related to the Adoption Assistance Program. The Commissioner will notify the adoptive parent(s) in writing of the applicable statutory or regulatory amendments and the modifications to the Agreement.
- D. When a modification to the Agreement is requested by the adoptive parent(s) or the Commissioner, or when such modification is warranted by changes in the child's conditions or circumstances, the Commissioner shall negotiate the modification with the adoptive parent(s). In the event that the Commissioner and the adoptive parent(s) is unable to agree upon the modification proposed by either party, the Commissioner's proposal shall prevail and the Agreement shall be modified accordingly, if necessary, pending the outcome of any appeal filed pursuant to Section VII of this Agreement.
- E. Any modifications deemed to be material by either the Commissioner or the adoptive parent(s) shall be executed in a written amendment and signed by the adoptive parent(s) and the Commissioner. Modifications deemed immaterial by agreement of the adoptive parent(s) and the Commissioner shall not require written approval.
- F. The county social service agency in the county where the child resides will assist the Commissioner and the adoptive parent(s) with review or modification of the Agreement when requested by either party.

#### **V. Termination of Agreement**

This Agreement will be terminated in any of the following circumstances:

- 1. The child attains the age of 18, unless the Commissioner has granted an extension as outlined in Section IX;
- 2. Termination of the parental rights of the adoptive parent(s) or other determination that the adoptive parent(s) is no longer legally responsible for support of the child;
- 3. Determination by the Commissioner that the adoptive parent(s) is no longer providing any support to the child;
- 4. Upon the death of the child;
- 5. Upon the death of the adoptive parent(s) of the child (the death of one parent in a single-parent family or the death of both parents in a two-parent family);

6. The child enlists in the military;
7. The child marries;
8. The child becomes an emancipated minor;
9. Upon the written request of the adoptive parent(s); or
10. The terms of the agreement are fulfilled.

**VI. Interstate Compact on Adoption and Medical Assistance**

The interests of the child are protected through the Interstate Compact on Adoption and Medical Assistance. This Agreement will remain in effect regardless of the state in which the adoptive parent(s) resides at any given time.

**VII. Appeal**

The adoptive parent(s) may appeal the Commissioner's modification or termination of this Agreement or denial of payments or reimbursements under this Agreement in accordance with the State's fair hearing and appeal process, according to Minnesota Statutes, section 256.045. The appeal shall be initiated by a written request to the Commissioner within 30 days after receiving written notice of the action of the Commissioner or within 90 days if the parent(s) shows good cause why the request was not submitted within the 30-day time limit. Requests for appeals must be sent to:

Minnesota Department of Human Services  
Appeals Office  
PO Box 64941  
St. Paul MN 55164-0941

**VIII. Data Practices**

All information collected and maintained for this program is governed by the Minnesota Government Data Practices Act, Chapter 13 of the Minnesota Statutes. Under the Act, information on individuals may be shared within the welfare system as necessary to ensure eligibility for and receipt of services. Private data on individuals may not be shared outside of the welfare system without informed consent of the individual. Adoptive parents of children receiving adoption assistance are not part of the welfare system under the Minnesota Government Data Practices Act.

**IX. Term**

Unless termination occurs as a result of one or more of the conditions set forth in Section V or an extension is granted, this Agreement will terminate on the child's 18<sup>th</sup> birthday, \_\_\_\_/\_\_\_\_/\_\_\_\_.

The Commissioner may approve extension of the Agreement if the child is enrolled in high school or an equivalent secondary education program as a full-time student or if the child is incapable of self-sustaining employment because of a physical or mental disability upon which eligibility for adoption assistance was based. The Agreement will not be extended beyond the child's 22<sup>nd</sup> birthday. If an Agreement is extended beyond the child's 21<sup>st</sup> birthday, the funding will be from state funds only; eligibility for federal reimbursement terminates at age 21.

Prior to the child's 18<sup>th</sup> birthday, the Commissioner will send a letter to the adoptive parent(s), giving instructions on how to apply for extension of the Agreement. Requests for extension of the Agreement must be received by the Commissioner prior to the end date of the Agreement.

**X. Continuation of the Agreement**

The continuation of this Agreement is subject to availability of federal and state funds. If at any time appropriated funds are insufficient to meet program costs through the end of the fiscal year, the Commissioner shall modify the amount of financial assistance under this Agreement. If at any time such funds become unavailable, the Commissioner shall suspend financial assistance under this Agreement until sufficient funds become available. The Commissioner shall notify the adoptive parent(s) in writing of any modification or suspension made under this paragraph. Modification or suspension of payment under this paragraph will not affect the child's eligibility for Medical Assistance.

**XI. Assignment**

With the written consent of the Commissioner, adoption assistance payments may be made to an individual who is a guardian or conservator appointed by the court for the child upon the death or termination of parental rights of the adoptive parent(s), unless the child is in the custody of an authorized child placing agency. Upon assignment of payments pursuant to this section, funding will be from state funds only; eligibility for federal reimbursement terminates with the court appointment. If a child is subsequently adopted, eligibility for adoption assistance through title IV-E will be reconsidered according to title IV-E regulations.

**XII. Effective Date**

This Agreement is effective on the date the final decree of adoption is issued. That date is annually the “anniversary date” of the Agreement.

Agreed by: \_\_\_\_\_  
Signature of Placing Agency Director  
or Director's Designee

\_\_\_\_\_  
Typed Name of Placing Agency Director  
or Director's Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adoptive Parent #1

\_\_\_\_\_  
Typed Full Legal Name of Adoptive Parent #1

\_\_\_\_\_  
Social Security Number of Adoptive Parent #1

\_\_\_\_\_  
Signature of Adoptive Parent #2

\_\_\_\_\_  
Typed Full Legal Name of Adoptive Parent #2

\_\_\_\_\_  
Social Security Number of Adoptive Parent #2

\_\_\_\_\_  
Street, R.R., or P.O. Box

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date

COMMISSIONER OF HUMAN SERVICES

By: \_\_\_\_\_  
Commissioner's Designated Agent

Date: \_\_\_\_\_

Cc: Certifying Agency  
County Social Service Agency in the Child's County of Residence  
Adoptive Parents(s) (2 copies)  
Minnesota Department of Human Services, Adoption Assistance (2 copies)

(Agency instructions: This is a legal document. All copies must be completely legible and on single pages. Do not use whiteout fluid or pencil on the Agreements. Do not include agency instructions on the final Agreements. Pages must be numbered. Six final copies of the Agreement must be submitted. All six copies of the Agreement must be signed by each party to the Agreement and the signatures must be original. Parties who sign the Agreement must include the date the Agreement was signed. All signatures should be on the same page.)

## MINNESOTA DEPARTMENT OF HUMAN SERVICES SUPPLEMENTAL ADOPTION ASSISTANCE NEEDS ASSESSMENT

**Child's Adoptive Name:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DHS #** \_\_\_\_\_  
first, middle, last

**Instructions:** The placing agency is to assess the child's need for supplemental maintenance and complete this form. By completing this form, the placing agency is certifying that this child has a physical/medical, mental, social/emotional, or behavioral disability that requires care, supervision, and structure beyond that ordinarily provided in a family setting for a child of the same age. Complete this page and then only the subsequent page which corresponds with the level that is being recommended for the child. Attach supporting documentation of the level that is being requested. The documentation should be dated within the past year. If documentation within the past year is not available, attach a statement, explaining why the documentation is not available, and the Adoption Assistance Program may authorize use of alternative documentation. The documentation that is used to support the level may be the same documentation that is used in the Adoption Assistance Certification.

<b>Physical/Medical Disability</b>	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Limited/no mobility or uses wheelchair
Seizure Disorder: <input type="checkbox"/> Uncontrollable seizures <input type="checkbox"/> Medication-controlled seizures	<input type="checkbox"/> Visual impairments (non-correctable)
<input type="checkbox"/> Pre-natal exposure to alcohol or drugs	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Fetal Alcohol Spectrum Disorder	
<input type="checkbox"/> Other (specify):	

<b>Mental Disability</b>	
<input type="checkbox"/> Learning Disability/Disorder (specify):	Mental Retardation: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound
Pervasive Developmental Disorder: <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Disorder/Syndrome <input type="checkbox"/> Other type of Pervasive Developmental Disorder (specify):	<input type="checkbox"/> Down's Syndrome
<input type="checkbox"/> Other (specify):	

<b>Social/Emotional Disability</b>	
<input type="checkbox"/> Traumatic abuse and neglect	<input type="checkbox"/> Reactive Attachment Disorder
Anxiety Disorder: <input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Obsessive-Compulsive Disorder <input type="checkbox"/> Generalized Anxiety Disorder <input type="checkbox"/> Other type of Anxiety Disorder (specify):	Mood Disorder: <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Major Depressive Disorder <input type="checkbox"/> Dysthymic Disorder <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Other type of Mood Disorder (specify):
<input type="checkbox"/> Other (specify):	

<b>Behavioral Disability</b>	
<input type="checkbox"/> Oppositional Defiant Disorder	<input type="checkbox"/> Predelinquent behavior
<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Substance Dependence/Abuse (specify):
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder	
<input type="checkbox"/> Other (specify):	

## Level I

This child requires a structured environment with supervision by an adult caregiver. Mild to moderate assistance is required to supplement self-care capabilities.

The child with these problems requires a regimented daily schedule, assistance with routine performance and may be mildly to moderately retarded or passive/aggressive.

<b>Check all those that are applicable to this child.</b>	
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Over age five, needs help with eating, toileting, or dressing.
<input type="checkbox"/> Night terrors	<input type="checkbox"/> Physically disabled, but self-sufficient (i.e. deaf)
<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Procedures required to prevent infections or contagion to child
<input type="checkbox"/> Oppositional	<input type="checkbox"/> Weekly therapy, counseling, or support group sessions
<input type="checkbox"/> Eating or elimination problems	<input type="checkbox"/> Home tutoring because of learning disability
<input type="checkbox"/> Delayed growth and maturation	<input type="checkbox"/> Required to facilitate/participate in infrequent or long distance face-to-face visitation between child and birth relatives, including siblings
<input type="checkbox"/> Requires minimal amount of additional supervision above and beyond that provided to a typical same-age child (explain in detail in narrative below)	
<input type="checkbox"/> Other (specify):	

Briefly describe the way in which this child currently fits Level I and is now exhibiting the behaviors identified above.

## Level II

This child requires supervision by a caregiver that can provide direct and controlled management of behavior and environment. This child has the ability to feed, dress, and toilet self, but has limited ability to make appropriate decisions and will require ongoing moderate care and assistance.

The child with these problems requires excessive structure, guidance, and direction and requires motivational stimulation and skill development, and may be moderately to severely mentally retarded.

Check all those that are applicable to this child.	
<input type="checkbox"/> Abnormal affection/attention seeking	<input type="checkbox"/> Mildly physically disabled
<input type="checkbox"/> Needs structured regimented program	
<input type="checkbox"/> School issues such as truancy, failing grades, or school behavior problems that require occasional parent-teacher contact	<input type="checkbox"/> Help with speech and hearing problems; uses bliss board, or requires sign language for communication
<input type="checkbox"/> Occasional bowel and bladder accidents over age five	<input type="checkbox"/> Physical therapy for up to one hour per day provided by parent
<input type="checkbox"/> Irresponsible behavior, minor destructiveness	<input type="checkbox"/> Requires ambulatory devices (i.e. braces, walker)
<input type="checkbox"/> Excessive or ongoing moodiness	<input type="checkbox"/> Difficulty with peers
<input type="checkbox"/> Negativism, lying, stealing	<input type="checkbox"/> Chemical use
<input type="checkbox"/> Occasional running away	<input type="checkbox"/> Severe fear of or hostility toward adults
<input type="checkbox"/> Required to facilitate/participate in frequent or long distance face-to-face visitation (monthly or more) between child and birth relatives, including siblings	<input type="checkbox"/> Requires a moderate amount of additional supervision above and beyond that provided to a typical same-age child (explain in detail in narrative below)
<input type="checkbox"/> Other (specify):	

Briefly describe the way in which this child fits Level II and is now exhibiting the behaviors identified above.

### Level III

This child has only limited ability to care for self and requires care provided by a skilled adult caregiver at all times.

The severity of this child's chronic or acute condition is exhibited in aggressive acting out, unsocialized withdrawal, or excessive regulation by adults, requiring a highly regimented and structured environment. This child may be severely to profoundly retarded.

Check all those that are applicable to this child.	
<input type="checkbox"/> Diagnosed severe emotional disturbance	<input type="checkbox"/> Chronic disability that deprives the child of ability to perform tasks
<input type="checkbox"/> Frequent or prolonged running away	<input type="checkbox"/> Diagnosed Conduct Disorder
<input type="checkbox"/> Extreme hyperactivity	<input type="checkbox"/> Moderately physically disabled
<input type="checkbox"/> Child requires two or more school conferences per month due to truancy, failing grades, or behavior problems	<input type="checkbox"/> Requires PCA services
<input type="checkbox"/> Destructive acting out, physical, verbal, or sexual	<input type="checkbox"/> Prescribed physical therapy 1-2 hours day by parent
<input type="checkbox"/> Breaks the law by acts harmful toward persons or property	<input type="checkbox"/> Feeding problems (i.e., swallowing, structured feedings, forced feedings, vomiting after meals)
<input type="checkbox"/> Self-destructive mutilation, suicidal thoughts, self-defeating actions	<input type="checkbox"/> Occasional hospitalizations
<input type="checkbox"/> Extreme stealing or drug/alcohol abuse	<input type="checkbox"/> Therapeutic visits two or more times per week
<input type="checkbox"/> Unsocialized with peers, adults	<input type="checkbox"/> Attends self-contained EBD school
<input type="checkbox"/> Requires a significant amount of additional supervision above and beyond that provided to a typical same-age child (explain in detail in narrative below)	
<input type="checkbox"/> Other (specify):	

Briefly describe the way in which this child currently fits Level III and is now exhibiting the behaviors identified above.

#### Level IV

This child requires total and entire care and has no self-help capacity or ability to perform basic life-sustaining tasks. Care must be provided by a trained and skilled caregiver.

This child's severe and chronic problems are exhibited in behaviors dangerous to self or others, or the child has mental illness, profound retardation, or physical disabilities that require a strict, structured regimen for which a 24-hour out-of-home placement is the likely alternative.

Check all those that are applicable to this child.	
<input type="checkbox"/> Phobic, compulsive, or other severe emotional disturbance	<input type="checkbox"/> Crucial supervision of prostheses (i.e. shunts, colostomy bag) or has appliances for draining (i.e. ileal conduit, colostomy, aspiration, tracheotomy suction)
<input type="checkbox"/> Severely assaultive	<input type="checkbox"/> Gastrostomy
<input type="checkbox"/> Totally physically disabled	<input type="checkbox"/> Heart monitors
<input type="checkbox"/> Chronic absence of bowel or bladder control	<input type="checkbox"/> Frequent hospitalization
<input type="checkbox"/> Severely handicapped with multiple orthopedic, systemic disorders	<input type="checkbox"/> Episodes of life-threatening illness with guarded prognosis or a progressively degenerative illness
<input type="checkbox"/> Physical therapy 2-4 hours per day by parent	<input type="checkbox"/> Intravenous feeding, intestinal massage
<input type="checkbox"/> Uncontrollable seizures	<input type="checkbox"/> Tubal feedings
<input type="checkbox"/> Relief of parent care by trained caregiver only (i.e. nurse)	<input type="checkbox"/> Suicidal attempts
<input type="checkbox"/> Over the age of 12 years and requires spoon feeding, toilet training, diapering, and help with dressing and hygiene	<input type="checkbox"/> Severe destructive behavior resulting in significant property damage (explain below)
<input type="checkbox"/> Transitioned from a residential treatment setting within the past six months or is currently placed in a residential treatment setting	<input type="checkbox"/> Frequent fire setting behavior
<input type="checkbox"/> Frequently breaks the law by acts harmful toward persons or property	<input type="checkbox"/> Requires constant supervision (explain in detail in narrative below)
<input type="checkbox"/> Other (specify):	

Briefly describe the way in which this child currently fits Level IV and is now exhibiting the behaviors identified above.

## TITLE IV-E ADOPTION ASSISTANCE AFDC RELATEDNESS DETERMINATION

Instructions: This form should be used only if a Title IV-E Foster Care AFDC Relatedness Determination was not previously completed for this child for the current placement episode.

CHILD DEMOGRAPHICS			
County	Maxis Case #	Worker Name	
Child's Name	Last	First	Middle
SSN	DOB		
AGE OF CHILD Refer to the Adoption Assistance Certification for determination of this eligibility factor for Title IV-E Adoption Assistance.			
RESIDENCY Refer to the Adoption Assistance Certification for determination of this eligibility factor for Title IV-E Adoption Assistance.			
CITIZENSHIP OF CHILD Refer to the Adoption Assistance Certification for determination of this eligibility factor for Title IV-E Adoption Assistance.			

## SECTION 1. AFDC ELIGIBILITY using AFDC rules as of July 16, 1996

## A. LIVING WITH A SPECIFIED RELATIVE

CM 0013.03.09

1. AFDC Eligibility Month/Year \_\_\_\_\_. The AFDC Eligibility Month/Year is the month and year in which a voluntary placement agreement or voluntary relinquishment is signed or court proceedings to remove the child were initiated (i.e. date petition was filed).
2. Is the child being legally removed from his/her parent or "another specified relative"?
  - ☐ No. GO TO SECTION II, A. 3, the child does NOT meet AFDC Relatedness, therefore there is no Title IV-E eligibility. Child not removed from a specified relative.
  - ☐ Yes, Proceed. Complete information box below then go to question 3.

Full Name of Specified Relative(s)	Relationship to Child

3. The date the child last lived with the "specified relative" named above was \_\_\_\_\_  
(date)

This date was:

- ☐ In the AFDC Eligibility Month/Year.  
Proceed to B. 1. DEPRIVATION OF PARENTAL SUPPORT
- ☐ Within the 6 months preceding the AFDC Eligibility Month/Year.  
Proceed to B.1. DEPRIVATION OF PARENTAL SUPPORT
- ☐ The child has not lived with the "specified relative" within the 6 months preceding the AFDC Eligibility Month/Year  
GO TO SECTION II, A. 3, the child does NOT meet AFDC Relatedness, therefore there is no Title IV-E eligibility. Child did not meet the "living with a specified relative" requirement.
- ☐ The child continues to reside with the adult "specified relative" in foster care.  
GO TO SECTION II, A. 3, the child does NOT meet AFDC Relatedness, therefore there is no Title IV-E eligibility. Child not removed from the home of the specified relative.

## B. DEPRIVATION OF PARENTAL SUPPORT

CM 0013.03

1. Is the child deprived of parental support of one or both parents due to:

- Yes ☐ or No ☐ Death of a parent (name parent) \_\_\_\_\_  
CM 0013.03.03.03
- Yes ☐ or No ☐ Physical or mental incapacity of a parent (name parent) \_\_\_\_\_  
CM 0013.03.03.09
- Yes ☐ or No ☐ Continued absence from the home of parent (name parent) \_\_\_\_\_  
CM 0013.03.03.06
- Yes ☐ or No ☐ Unemployment or under-employment of parent (name parent) \_\_\_\_\_  
CM 0013.03.03.12

Explain: \_\_\_\_\_  
If NO to all deprivation factors, GO TO SECTION II. A. 3, the child does NOT meet AFDC Relatedness, therefore there is no Title IV-E eligibility. No deprivation of parental support.  
If YES to at least one deprivation factor, proceed to C. Income Eligibility.

**C. INCOME ELIGIBILITY**

CM 0014, 0016, 0017, 0018

## 1. Household Composition of the Removal Home during the Removal Month or the Title IV-E Eligibility Month

CM 0014, CM 0014.06.03

How many parents \_\_\_\_\_ (Birth or Adoptive Parents residing in the specified relative's home)

How many Children \_\_\_\_\_ (Include the child, plus siblings under the age of 18 residing in the specified relative's home)

AFDC NEED STANDARD \_\_\_\_\_ ADULTS AND \_\_\_\_\_ CHILDREN = \$ \_\_\_\_\_

CM 0020.09

## 2. Income Information

Earned Income of financially responsible household members in AFDC eligibility month.

CM 0017.12.06

Household Member	Source of Income	Monthly Countable Amount	Monthly Exempt Amount
Total Countable Earned Income (Monthly)=			

## Stepparent Income Calculation (if applicable) CM 0016.09

# of Adults = 1 # of Children \_\_\_\_\_

Total monthly countable stepparent income \$ \_\_\_\_\_

Less \$90 work expense from earned income only \$ - \_\_\_\_\_

Less CS/alimony/dependent payments - outside the home \$ - \_\_\_\_\_

Less allowance for unmet needs of stepparent's children in home \$ - \_\_\_\_\_

Less the 1<sup>st</sup> adult AFDC standard \$ - \_\_\_\_\_

Net Stepparent income deemed available to the unit \$ \_\_\_\_\_

Enter amount as unearned income below.

Unearned Income of financially responsible household members in AFDC eligibility month (include Net Step-parent Deemed Income)

CM 0017.12.03

Household Member	Source of Income	Monthly Countable Amount	Monthly Exempt Amount
Minus \$50 Child Support Deduction if Applicable CM 0017.15.03		(       )	
Net Unearned Income (Monthly) =			

## Calculation of Household Income

CM 0018

a. The **Total Countable Earned Income** \$ \_\_\_\_\_Plus the **Net Unearned Income** \$ + \_\_\_\_\_**TOTAL INCOME** \$ = \_\_\_\_\_

b. 185 % of the AFDC Need Standard for the household is: \$ \_\_\_\_\_

CM 0019.06

Is the **Total Income** (under 2.a) less than or equal to 185% of the AFDC Need Standard for the household?
☐ No. **GO TO SECTION II. A. 3.**, the child does NOT meet AFDC Relatedness; therefore there is no Title IV-E eligibility. Over income limit.

☐ Yes. Proceed to c.

c. Total Countable Earned Income \$ \_\_\_\_\_

Less \$90 Work expense per employed adult: \$ - \_\_\_\_\_

CM 0018.06.01

Less Daycare Deduction (if actually paid).

Max. \$175 for each child 2yrs. old and over

And, \$200 for each child under 2yrs. Old \$ - \_\_\_\_\_

CM 0018.09

Less current child support pd to non-unit members \$ - \_\_\_\_\_

CM 0018.33

Net Earned Income \$ = \_\_\_\_\_

Add Net Unearned Income to Net Earned Income \$ + \_\_\_\_\_

**NET INCOME** \$ = \_\_\_\_\_

d. The AFDC Needs Standard is: *CM 0020.09* \$ \_\_\_\_\_

Is the **NET INCOME** less than 100% of the AFDC Need Standard?

- ☐ No **GO TO SECTION II, A. 3.** The child does NOT meet AFDC Relatedness; therefore there is no Title IV-E eligibility. Over income limit.
- ☐ Yes Proceed to D. Assets / Resources

**D. ASSETS/RESOURCES**

*CM 0015*

1. Assets / Resources

Household Member	Type of Asset/Resource	Value	Countable	Exempt
Total Countable Assets/Resources =				

2. Are the Total Countable Assets / Resources less than the maximum assets / resources limit of \$10,000?

- ☐ No **GO TO SECTION II, A. 3,** The child does NOT meet AFDC Relatedness; therefore there is no Title IV-E eligibility. Over the Assets/Resource Limit.
- ☐ Yes Proceed to Section II, A. 2. The child IS AFDC Eligible.

**SECTION II. ELIGIBILITY DECISION**

**A. ELIGIBILITY DECISION ON CHILD**

1. ☐ Child's AFDC relatedness eligibility is **PENDING:** Final determination has not been made as the following information is still needed.

Reason \_\_\_\_\_ Revisit by this date \_\_\_\_\_

**DO NOT sign form until determination is complete.**

2. ☐ Child meets **AFDC Relatedness rules (as in effect on July 16, 1996) in the month of \_\_\_\_\_, the month the child's removal was initiated.**

3. ☐ Child does NOT meet AFDC Relatedness rules. Fill in reason  
Reason \_\_\_\_\_

Documentation of all eligibility factors and decisions must be contained in the case file.

Signature of Person Determining AFDC Relatedness	Date of Determination	Print Name and Position Title

NOTES:

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# Adoption Assistance VPC Training Sites

## Focus on State and Tribal Wards

### August 11, 2006

DHS, 444 Lafayette Road North	St. Paul
Dakota County, N. Service Center	W. St. Paul
Douglas County Human Services	Alexandria
Hubbard County Social Services	Park Rapids
Kanabec County Courthouse	Mora
Lake of the Woods County Courthouse	Baudette
Nobles County Courthouse	Worthington
Olmsted County, Campus Dr.	Rochester
Polk County Courthouse	Crookston
Renville County Courthouse	Olivia
Steele County Administration Center	Owatonna

### August 22, 2006

DHS, 444 Lafayette Road North	St. Paul
Beltrami County Social Services	Bemidji
Blue Earth County Human Services	Mankato
Carlton County Courthouse	Carlton
Clay County Family Services Center	Moorhead
Crow Wing County Social Services	Brainerd
Freeborn County Human Services	Albert Lea
Kandiyohi County	Willmar
Lyon County Government Center	Marshall
Winona County	Winona
Wright County Human Services	Buffalo

### August 28, 2006

DHS, 444 Lafayette Road North	St. Paul
Big Stone County Family Services	Ortonville
Carver County Courthouse	Chaska
Cook County Courthouse	Grand Marais
Hennepin County, 300 S 6 <sup>th</sup> St.	Minneapolis
Itasca County Courthouse	Grand Rapids
Koochiching County Courthouse	International Falls
Mille Lacs County Social Services	Milaca
Redwood County Social Services	Redwood Falls
Rice County Government Services Bldg	Faribault
St. Louis County Government Center	Duluth
Stearns County Human Services	St. Cloud

## Focus on Voluntary Relinquishments

### August 18, 2006

DHS, 444 Lafayette Road North	St. Paul
Carver County Courthouse	Chaska
Dakota County, N. Service Center	W. St. Paul
Hennepin County, 300 S 6 <sup>th</sup> St.	Minneapolis
Lyon County Government Center	Marshall
Olmsted County, Campus Dr.	Rochester
Polk County Courthouse	Crookston
St. Louis County Government Center	Duluth
Stearns County Human Services	St. Cloud
Wright County Human Services	Buffalo

### August 24, 2006

DHS, 444 Lafayette Road North	St. Paul
Blue Earth County Human Services	Mankato
Clay County Family Services Center	Moorhead
Douglas County Human Services	Alexandria
Itasca County Courthouse	Grand Rapids
Kandiyohi County	Willmar
Nobles County Courthouse	Worthington
Winona County	Winona

