

**ATTACHMENT C**  
**TITLE IV-E CHECKLIST**  
**(Not required for Rule 4 Child Placing Agencies)**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Directors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County: \_\_\_\_\_ County Submitting Request: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- ***OUT-OF-STATE* facilities and/or programs—please submit documentation of Title IV-E eligibility from the host state, promotional material, a current license and form DHS 2825, for approval.**
- ***OUT-OF-STATE* facilities and/or programs—there is no need to complete the questions listed below.**

**YES**                      **NO**

I. Facility and/or program provides 24 hour out-of-home care of children:

Is the facility and/or program:

- |  |       |       |
|--|-------|-------|
| 1. in a foster family home or family group home?   | _____ | _____ |
| 2. in a private, non-medical group home or residential care facility?  | _____ | _____ |
| 3. in a public, non-medical group home or residential care facility<br>that has a licensed capacity of 25 or fewer children? | _____ | _____ |
| 4. a independent living assistance for youth?  | _____ | _____ |

**If all answers for I (1) through (4) are “NO”, facility and/or program is not Title IV-E eligible.**

- If “YES” is checked for any of (1) through (4), continue: **YES**                      **NO**

II. Is the facility and/or program licensed:

- |                                      |       |       |
|--------------------------------------|-------|-------|
| 1. by Department of Human Services?  | _____ | _____ |
| 2. by Department of Corrections?     | _____ | _____ |
| 3. or approved by Tribal government? | _____ | _____ |

**If “NO” is checked for all of II (1) through (3), facility and/or program is not Title IV-E eligible.**

- If “YES” is checked for any of (1) through (3), continue: **YES**                      **NO**

III. Is the facility and/or program:

- |  |       |       |
|--|-------|-------|
| 1. in a <u>medical facility</u> licensed by the Department of Health?  | _____ | _____ |
| 2. in a <u>primarily</u> “secure”, physically restricting detention facility<br>licensed by the Department of Corrections? | _____ | _____ |

**If any answer to III (1) through (2) is “YES”, the facility and/or program are not Title IV-E eligible.**

If all of the answers are “NO”, the facility and/or program is IV-E eligible and costs of placement are reimbursable for a child who has had Title IV-E basic eligibility and continuing reimbursability established.

- ***IN-STATE* FACILITIES AND PROGRAMS, PLEASE SUBMIT THE FOLLOWING WITH YOUR DHS 2825: THIS CHECKLIST, COPY OF THE CURRENT LICENSE, AND PROMOTIONAL MATERIAL.**