



## Florida Network Title IV-E Waiver Application

FLJ #: \_\_\_\_\_

Date of Application: \_\_\_\_\_  
 District/Region/Zone: \_\_\_\_\_  
 CBC Agency: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

AKA: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ If no SS#, date # applied for: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Gender:  Male  Female

Race: (Circle Code) **A** Asian/Pacific Islander **B** Black, not Hispanic **H** Hispanic **I** American Indian/Eskimo  
**SE** Southeast Asian **T** Other **W** White, not Hispanic

Citizen:  Yes  No; *If youth is not a citizen, is youth a qualified non-citizen?*  Yes  No; *If youth is a qualified non-citizen, list status and attach document verifying such status* \_\_\_\_\_

Marital Status  Never Married If other than "Never Married" indicate status: \_\_\_\_\_

Youth Pregnant?  Yes  No If "Yes", expected date of delivery: \_\_\_\_\_

Questions		Check &/or Write in Response	
1a.	Is the youth in care as the result of a court ordered placement? If yes, Date of hearing: _____ Court Case #: _____ Date of youths placement _____ <b><i>If no, skip to Question 2a.</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1b.	Does the placement order contain a judicial finding that supports the concept that remaining in the home is " <b>contrary to the welfare</b> " of the youth or that the placement is in the youth's " <b>best interest</b> "?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1c.	Does the placement order state that the Department of Juvenile Justice and the CINS/FINS Agency assume responsibility for the placement, care and supervision of the youth being placed in out of home care?  If "No", the placement is not reimbursable until this is clearly stated.		
1d.	Does the same order contain a judicial finding regarding " <b>reasonable efforts</b> " to prevent the removal of the youth from the home?  If "No", was there another order issued within 60 days of placement with a finding of " <b>reasonable efforts to prevent placement</b> "?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date of Order: _____	Type of Order: _____	
2a.	Was the youth placed as the result of a Voluntary Placement Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2b.	If "Yes", Does the Voluntary Placement Agreement state that the Department of Juvenile Justice and the CINS/FINS Agency assume responsibility for the placement, care and supervision of the youth being placed in out of home care?  If "No", the placement is not reimbursable until this is clearly stated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2c.	Is the Voluntary Placement Agreement signed by the parent(s) or legal guardian(s) and a representative of the CINS/FINS Agency?  If "No", the youth is not reimbursable until signed by the parent(s) or legal guardian(s) and a representative of the CINS/FINS Agency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2d.	If youth has been in out of home care for more than 180 days, was a hearing held prior to the 180 <sup>th</sup> day that sanctioned the youth's continued placement in out of home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2e.	If yes, list date of hearing: _____		
2f.	Did the hearing result in a judicial finding to the effect that it is in the youth's " <b>best interest</b> " to remain in out of home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3a.	Has the youth resided with a specified relative within the past six months? _____ Yes _____ No							
	Relationship: _____							
	Address: _____							
	_____ Two Parents in the home		_____ One Parent in the home		_____ Parent(s) absent, other specified relative in the home			
	_____ Parent(s) in home, one disabled, un/underemployed		_____ Parent(s) deceased		_____ Parent(s) absent, non-specified relative in the home			
3b.	Is youth deprived of parental care/support? Explain: _____				_____ Yes	_____ No		
3c.	Describe the circumstances that led to the placement of the youth from his/her home (abuse, neglect, family conflict, etc): _____ _____							
3d.	Who was living in the youth's home at the time of placement? List all members of the household.							
	<b>Name</b>	<b>Relationship</b>	<b>DOB</b>	<b>SSN</b>	<b>Gender</b>	<b>Race</b>	<b>Citizenship</b>	
	<b>Title IV-E Income Test for Removal Family and Youth</b>							
4a.	<b>Earned Income</b>							
	Father	Employer: _____ Address: _____ _____			# of hours worked per month: _____	Earnings per month: \$ _____		
	Mother	Employer: _____ Address: _____ _____			# of hours worked per month: _____	Earnings per month: \$ _____		
					<b>Total Earned Income</b>	<b>\$ _____</b>		
4b.	<b>Unearned Income</b>							
	Father	Source of Income: _____				Monthly Amount: \$ _____		
	Mother	Source of Income: _____				Monthly Amount: \$ _____		
4c.	<b>Total Parental Income</b>	<b>\$ _____</b>						
4d.	<b>Youth's Income</b>							
	Earned:			Source of Income: _____		Monthly Amount: \$ _____		
	Unearned:			Source of Income: _____		Monthly Amount: \$ _____		
4e.	<b>Youth's Total Income</b>				<b>\$ _____</b>			
4f.	<b>TOTAL ASSISTANCE GROUP INCOME</b>				<b>\$ _____</b>			
4g.	Is the family's income less than the Consolidated Need Standard for the family size?				_____ Yes	_____ No		
4h.	Is youth's total income less than 185% of the standard foster care board rate? (Board rate x 1.85 = _____)				_____ Yes	_____ No		
	<b>Family/Youth's Assets</b>							
5a.	Does family have any assets?				_____ Yes	_____ No		

