



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 _____ <i>If no, skip to Question 2a.</i>	<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 " contrary to the welfare " of the youth or that the placement is in the youth's " best interest "?	<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 " reasonable efforts " 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 " reasonable efforts to prevent placement "?	<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 th 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 " best interest " 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.						
	Name	Relationship	DOB	SSN	Gender	Race	Citizenship
Title IV-E Income Test for Removal Family and Youth							
4a	Earned Income						
	Father	Employer: _____ Address: _____ _____			# of hours worked per month: _____	Earnings per month: \$ _____	
	Mother	Employer: _____ Address: _____ _____			# of hours worked per month: _____	Earnings per month: \$ _____	
					Total Earned Income	\$ _____	
4b	Unearned Income						
	Father	Source of Income: _____				Monthly Amount: \$ _____	
	Mother	Source of Income: _____				Monthly Amount: \$ _____	
4c	Total Parental Income	\$ _____					
4d	Youth's Income						
	Earned:			Source of Income: _____		Monthly Amount: \$ _____	
	Unearned:			Source of Income: _____		Monthly Amount: \$ _____	
4e.	Youth's Total Income				\$ _____		
4f.	TOTAL ASSISTANCE GROUP INCOME				\$ _____		
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	
Family/Youth's Assets							
5a.	Does family have any assets?				_____ Yes	_____ No	

5b	If "Yes", list type of asset, dollar value and financial institution type and name of person owning asset, when applicable:																		
Total Assets for Family:		\$ _____																	
5c.	Are family's total assets less than \$10,000?	___ Yes	___ No																
5d	Does youth have his/her own assets?	___ Yes	___ No																
5e	If "Yes", list type of asset, dollar value and financial institution type, when applicable: <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Asset Type</td> <td style="width: 45%;">Institution Name/Type</td> <td style="width: 15%;">Value</td> <td style="width: 15%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> </table>	Asset Type	Institution Name/Type	Value		_____	_____	\$ _____		_____	_____	\$ _____		_____	_____	\$ _____			
Asset Type	Institution Name/Type	Value																	
_____	_____	\$ _____																	
_____	_____	\$ _____																	
_____	_____	\$ _____																	
Total Assets for Youth:		\$ _____																	
5f	Does youth have a Trust Fund? (not referring to "Master Trust" Fund)	___ Yes	___ No																
	If "Yes", what type of Trust Fund? _____ How were funds acquired? _____ Who is Trustee of the funds? _____ Are funds available to the youth? ___ Yes ___ No; If "No", these funds should not be counted in youth's total assets.																		
5g	Are total assets for youth less than \$10,000?	___ Yes	___ No																
5h	Does the youth meet the AFDC criteria that were in effect as of July 16, 1996 at the time of placement?	___ Yes	___ No																
5i	Describe/summarize the "AFDC" criteria which makes the youth presumptively IV-E eligible:																		
Licensed Placement																			
6a	Date Placed: _____ Name of child care facility: <u>Interface Youth Shelter - East</u> Address of facility: _____; Palatka, FL 32177 Effective date of most recent license: _____ Monthly board rate: <u>\$6,105.00</u> Effective date of most recent affidavit of compliance: _____																		

Based on information gathered youth is:

*** _____ **Presumptively Eligible** _____ **Presumptively Ineligible?**

Comments (use this section to provide further explanation as needed):

(Print) Name of Person Completing Form _____

Signature of Person Completing Form _____ Date _____

CINS/FINS Agency CDS Family & Behavioral Health Services, Inc.