

YOUNG ADULT VOLUNTARY FOSTER CARE (YAVFC) CHECKLIST

Michigan Department of Health and Human Services
Young Adult Voluntary Foster Care Program

Initial Determination Reimbursability Determination Payment Change

Case Name			Date of Birth	
Case Number	MiSACWIS ID	County	District	Date
Worker Name		Worker Email Address		Worker Phone Number

Directions: For initial funding determination, all questions on pages 1 through 5 must be answered. For reimbursability determinations, all questions on page 4-5 must be answered. To report changes of payment information, use page 6. All documentation referenced on this form must be attached unless previously provided or not yet required.

Submit for Initial Funding Determination

1. Proof of Identification (Submit a copy of one of the following documents).

- a. Valid driver's license with a photograph of the individual.
- b. Federal, state, or local government issued identification card with same information included on a driver's license.
- c. School-issued identification with a photograph.
- d. A U.S. passport.
- e. A Certification of Naturalization (Department of Homeland Security, (DHS) Forms N-550 or N-570).
- f. A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).
- g. Three or more supporting documents such as:
 - i. High school diploma.
 - ii. Employer ID card.
 - iii. Document indicating an individual's receipt of benefits under a program that requires verification of identity (for example, SSI, RSDI).
 - iv. Identification for health benefits.
 - v. Voter registration card.
 - vi. Wage stub.
 - vii. Birth certificate/record.

2. Proof of Citizenship (Submit a copy of one of the following documents).

- a. Birth certificate or other birth record.
- b. U.S. passport.
- c. Voter registration card.
- d. Naturalization papers or USCIS identification card.
- e. A Certificate of Naturalization (N-550 or N-570).
- f. A Certificate of Citizenship (N-560 or N-561).

3. Legal Status (Submit a copy of both of the following documents).

- a. Copy of the court order dismissing the N/A and/or DL case.
- b. Signed copy of the DHS-1297, YAVFC Agreement.
 - i. Is the DHS-1297, YAVFC Agreement, signed and dated on or after the date the court order dismissing the N/A and/or DL case is signed? (Note: Youth must provide verification forms (DHS-3380, DHS-38, Documentation of volunteer hours on community organization letterhead and/or DHS-54A) prior to signing the 1297).
 - Yes No, youth is not eligible for YAVFC.

4. Financial Information (Submit verification of all financial information. If documentation is not available and unattainable, the youth must sign a statement certifying the financial information. An example is the youth's employer's business is now closed permanently and the youth did not keep pay stubs).

a. Income

i. Did the youth have **UNEARNED INCOME** in the month the DHS-1297, Young Adult Voluntary Foster Care Agreement, was signed? (Can be verified in Bridges.)

1. SSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
2. RSDI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
3. Child Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
4. Unemployment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
5. Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
6. FIP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/

ii. Did the youth have **EARNED INCOME** in the month the DHS-1297, Young Adult Voluntary Foster Care Agreement, was signed?

1. Employment Yes No \$

- a. Copy of DHS-38, Verification of Employment
- b. Pay Stubs may also be required.

b. Assets in the month the DHS-1297, Young Adult Voluntary Foster Care Agreement, was signed.

- i. Vehicle Yes No
 - 1. Title, registration or proof of insurance (only one is required).
 - 2. Loan statement.
 - 3. Amount vehicle is worth and amount owed.

\$
\$
- ii. Real Estate (non Homestead) Yes No \$
 - 1. Deed, mortgage, purchase agreement or contract.
- iii. Social Security – Lump Settlement Yes No \$
- iv. Trust Fund Yes No \$
 - 1. Copy of trust document.
- v. Savings and/or Checking Account Yes No \$
 - 1. Current monthly statement (within the last 30 days).
- vi. Cash on Hand Yes No \$

vii. Stocks and/or Bonds Yes No \$

1. Written statement from broker or company.

2. Listing in current newspaper.

viii. Life Insurance Policies Yes No \$

1. DHS-4786, Life Insurance Verification, completed by agent or company.

2. Statement from insurance company or agent.

ix. Motorcycles, Boats, Snowmobiles, Campers, etc. Yes No \$

1. Title, registration.

c. Expenses

i. Day Care (for the youth's child while they are working). Yes No \$

1. Bills or written statement from the provider for the month the DHS-1297, Young Adult Voluntary Foster Care Agreement, was signed.

d. Youth's Family Information

i. Number of group members during the month the DHS-1297, Young Adult Voluntary Foster Care Agreement, was signed. (Will be one unless the youth's minor child(ren) is living with the youth parent).

ii. Name(s) and DOB(s) of youth's minor child(ren) living with the youth parent.

Name	DOB
Name	DOB
Name	DOB

Complete for Initial Funding Determination and Reimbursability Determinations. Reimbursability determinations are due every six months or sooner if a youth's situation changes in a manner that may impact funding.

1. Best Interest Judicial Finding

Is there a court order which the court made a judicial determination that remaining in foster care is in the youth's best interest WITHIN 180 days from the date the DHS-1297, Young Adult Voluntary Foster Care Agreement, was signed by the youth? This court order is not required for an initial funding determination but must be submitted as soon as it is available.

Yes, submit copy of court order. No, Reason: _____

2. Young Adult Voluntary Foster Care Program Requirements (check all that apply and submit verification).

Documentation of eligibility must be received prior to the youth signing the DHS-1297.

- a. Youth is completing secondary education or a program leading to an equivalent credential.
 - i. DHS-3380, Verification of Student Information.
- b. The youth is enrolled in an institution that provides post-secondary or vocational education.
 - i. DHS-3380, Verification of Student Information.
- c. The youth is participating in a program or activity designed to promote employment or remove barriers to employment.
 - i. DHS-38, Verification of Employment.
- d. The youth is employed for at least 80 hours per month.
 - i. DHS-38, Verification of Employment.
- e. The youth volunteers for a community organization for at least 80 hours per month.
 - i. DHS-38, Verification of Employment or documentation of volunteer hours on community organization letterhead.
- f. The youth is incapable of doing any part of the activities in (a) through (d) above due to a documented medical condition.
 - i. DHS-54A, Medical Needs.

3. Youth's Current Placement

- a. Youth's current placement
 - Licensed Foster Home
 - Licensed Relative Foster Home
 - Child Care Institution
 - IV-E Reimbursable Supervised Independent Living
 - Other _____
- b. Is the youth in a new living arrangement? Yes, complete address change on page 6. No

4. Case Review, Family Team Meeting (FTM)

- a. Was a FTM facilitated by a neutral party completed within the last 180 days? (Since the DHS-1297 was signed) Yes No Not Yet Required
Date last FTM facilitated by a neutral party completed ____ / ____ / ____

5. Potentially Eligible for Governmental Benefits

- a. Is the youth, or anyone on his/her behalf, receiving, potentially eligible to receive, or previously received governmental benefits or has anyone made application for governmental benefits on behalf of the youth?
 - Yes (check all that apply)
 - RSDI SSI VA Other _____

Payee _____

No

b. Does the youth have a physical, mental or emotional impairment? Yes No

c. Is the impairment(s) medically proven, and expected to last at least 12 months or expected to result in death?

Yes, the youth is potentially eligible for SSI benefits (Refer to FOM 902-10). The worker must complete and submit a DHS-3205.

No

Payment Change

1. Address Change of Youth and/or Provider

- a. Youth's and/or Provider's previous address:

Name: _____
Address: _____
Phone Number: _____

- b. Youth's and/or Provider's current address:

Name: _____
Address: _____
Phone Number: _____

2. Program Eligibility Change

- a. The youth entered a grace period.
Grace period start date ____ / ____ / ____
- b. The youth's grace period ended.
Grace period start date ____ / ____ / ____
Grace period end date ____ / ____ / ____
- c. The youth is no longer eligible for YAVFC and the case is closed. (Provide a copy of the approved Young Adult Voluntary Foster Care Case Denial/Closure Notice (DHS-1301-YA) to the youth.)
Case closure date ____ / ____ / ____

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