

**INITIAL DETERMINATION OF APPROPRIATE
FOSTER CARE FUNDING SOURCE**

For Payment of Out-of-Home Placement Costs

REDETERMINATION (DHS-350) REQUIRED EVERY 6 MONTHS

Case Name				
Case Number		Log Number		Date
County	District	Unit	Worker	Other ID (As required)

SECTION A - Is this child a U.S. citizen or qualified alien? Yes, Continue No, Not eligible, go to Section C.
Complete Section C, D & F only**SECTION B - FAMILY FINANCIAL INFORMATION (See SMI 902 for description of requirements.)**

No. of Group Members		Effective Month of Budget	
Name of the person/place whose home is considered the removal home			Relationship
Address (Street Number and Name)	City	State	Zip Code

1. Do you want to do a determination of eligibility for the former ADC program ?

YES (Proceed to question 2) **NO** (go to Section E Question 7) Youth is not Title IV E eligible.
Not Completed. Not eligible for the former ADC program because

2. ADC eligibility determination. This information is collected to complete the ADC eligibility on SWSS.

A. Is the youth who is in care receiving SSI ?

YES - Include the youth in the family group when determining eligibility for the former ADC program.
Do not budget SSI as income.

 NO

B. Youth's Living Arrangement :

 B1. Youth was living with one parent

(a)	Parent's Last Name	Parent's First Name	M. I.
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(b) Primary reason the other parent is absent

Separation Divorced Deserted Imprisonment
 Divorce Pending Single/Unmarried Institutionalized Deceased

(c) Absent parent Father Mother

Parent's Last Name	Parent's First Name	M. I.
Street Number and Name		
City	State	Zip Code

 B2. Youth was living with both parents, list below :

(a)	Father's Last Name	Father's First Name	M. I.
	Mother's Last Name	Mother's First Name	M. I.

(b) Are one or both parents unable to work ? YES (If yes, the following must be completed, then go to Section B question 3) NO (If no, proceed to (c) below)

<input type="checkbox"/> Father's Disability	<input type="checkbox"/> Mother's Disability
Expected Duration of Disability	Expected Duration of Disability

SECTION B - FAMILY FINANCIAL INFORMATION (Continued)

2. Contd. (c) Which parent earned the greater amount of money during the 24 month period prior to filing of the petition ?

FATHER MOTHER

1) Did that parent work less than 100 hours in the calendar month in which the petition was filed ?

YES Continue

NO If no, there is no unemployment deprivation and no eligibility for ADC, go to Section E Question 7

2) Does that parent receive Unemployment Compensation ?

YES If yes, unemployment deprivation exists, go to Section B Question 3.

NO If no, continue.

3) Did that parent receive Unemployment Compensation during the 12 month period prior to the filing of the petition ?

YES If yes, unemployment deprivation exists. Go to Section B Question 3.

NO If no, did that parent work at all during at least 6 quarters of the last three and a quarter(3 1/4) years preceding the filing of the petition? Continue.

NO - youth is not deprived due to unemployment, go to Section E Question 7.

YES - list the parent's recent work history

PLACE OF EMPLOYMENT	EMPLOYMENT START DATE	EMPLOYMENT END DATE

B3. Youth resided with a relative - Neither parent present
(To be treated as "child with Ineligible Grantee" go to Section B Question 5)

3. Assets Details - Complete this section with TOTAL property available to family (Enter client stated value.)

Vehicles	1. Primary Vehicle	3. Vehicle 3
	2. Vehicle 2	4. Vehicle 4

Property available to family (list cash or equity value after each item. If owned by stepparent, specify.)

<input type="checkbox"/> Real Estate.....	\$
<input type="checkbox"/> Social Security (Lump sum).....	\$
<input type="checkbox"/> Trust Funds (Designated for) Consider only if available.....	\$
<input type="checkbox"/> Savings and Checking Accounts or other Banking Account(s).....	\$
<input type="checkbox"/> Cash on hand or money held by another.....	\$
<input type="checkbox"/> Stocks/Bonds.....	\$
<input type="checkbox"/> Life Insurance Policies(Cash or Loan value).....	\$
<input type="checkbox"/> Motorcycles, Boats, Snowmobiles, Campers, Cars (Equity Value)	\$
<input type="checkbox"/> Other (Specify source)	\$
Asset Limit \$10,000	

SECTION B - FAMILY FINANCIAL INFORMATION (Continued)

4. Income Available to Family (Include Step-parent Income)

A. List employment income available to each parent /step-parent for the calendar month of the petition.

		\$
		\$
		\$
		\$

B. Unearned - Other Sources of Income

MONTHLY AMOUNT

<input type="checkbox"/> Unemployment(UCB).....	\$
<input type="checkbox"/> Child Support.....	\$
<input type="checkbox"/> Social Security RSDI.....	\$
<input type="checkbox"/> SSI(specify for whom).....	\$
<input type="checkbox"/> Veteran's Benefits.....	\$
<input type="checkbox"/> Worker's Comp.....	\$
<input type="checkbox"/> Disability.....	\$
<input type="checkbox"/> Retirement.....	\$
<input type="checkbox"/> Military Allotments.....	\$
<input type="checkbox"/> Gambling Distribution*.....	\$
<input type="checkbox"/> Other (specify source).....	\$

C. Deduction

MONTHLY AMOUNT

<input type="checkbox"/> Parent paying child support for a child not in home.....	\$
<input type="checkbox"/> Day care actual cost for employment only.....	\$

* Casino profit sharing Indian Tribal Member only

5. Ineligible Grantee - Assets and Income Information

Enter asset and income information for EACH sibling in the group.

Primary Vehicle				
Secondary Vehicle				
Real Estate				
Trust Funds (Designated for) Consider only if available				
Savings and Checking Accounts or other Banking Account(s) .				
Cash on hand or money held by another				
Stocks/Bonds				
Life Insurance Policies(Cash or Loan value)				
Motorcycles, Boats, Snowmobiles, Campers, Cars (Equity Value)				
Other (Specify source)				
Paycheck 1				
Paycheck 2				
Paycheck 3				
Paycheck 4				
Paycheck 5				
Child Support				
Social Security Retirement Benefits (RSDI)				
Social Security Income Benefits (SSI)				
Veteran's Benefits				
Retirement Benefits				
Gaming Distributions & Casino profit share				
Other Inc. (Specify source)				