

**REDETERMINATION OF APPROPRIATE
FOSTER CARE FUNDING SOURCE
For Payment of Out-of-Home Placement Costs**

REDETERMINATION (DHS-350) REQUIRED EVERY 6 MONTHS
(FOR INITIAL DETERMINATION USE FORM DHS-352)

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

SECTION A - LEGAL STATUS OF YOUTH

1. Does the State Department have a court order to provide services to this youth?
 YES **NO** (If NO, the youth cannot be Title IV E eligible. Omit Section C.)

2. Complete if there is a court order. Does the court order :
 a. Commit the youth to the State Department under Act 220 ?
 b. Release the youth to the State Department under Act 296 ?
 c. Commit the youth to the State Department under Act 150 ?
 d. Require the State Department to provide placement and care for a temporary (neglect) court ward ?
 e. Require the State Department to provide placement and care for a permanent court ward ?
 f. Require the State Department to provide placement and care for a delinquent court ward ?

3. Complete if there is NO court order. (Omit Section C; youth can not be TITLE IV E eligible.)
 a. Youth is former MCI ward, is attending school/training and is not yet 20 years old.
 b. Other non-ward. All other non-ward funding is limited to less than six months. A redetermination is not appropriate.

SECTION B - FINANCIAL INFORMATION

1. Does the **youth** have income available for his/her use (care) ?
 YES Total Monthly Amount \$ _____ Type(s) _____
 NO
 If different than reported on the Initial Determination of Appropriate Foster Care Funding Source(DHS-352), submit a revised DHS-3205 Foster Care Ward Placement/Benefit Eligibility Record to Central Office. Death or disability of parent while child is in foster care requires notification to Central Office by DHS-3205.

2. Does the **youth** have property available for his /her use (care) ?
 YES Total Value \$ _____ Type(s) _____
 NO
 If different than reported on the Initial Determination of Appropriate Foster Care Funding Source(DHS-352), submit a revised DHS-3205 Foster Care Ward Placement/Benefit Eligibility Record to Central Office.

SECTION C - REDETERMINATION OF TITLE IVE ELIGIBILITY

(See Services Manual Item 902 for description of requirements). Omit this section if youth(except for placement) was determined not Title IV E eligible on Initial Determination(DHS-352)

1. An ADC program deprivation factor continues to exist: **YES** **NO** (Youth is not Title IV E eligible)
 Deprivation factor is: _____
 Necessary verification is located: _____

2. Youth's Age _____ Date of Birth _____
 a. If age 17 or younger, proceed to question No. 3
 b. If the youth is age 18, he/she is :
 A full-time student in a high school or in the equivalent level of a vocational or technical training program, AND
 Expected to complete high school or the training program before reaching age 19.
 NOTE: If both are not true, youth is NOT Title IV E eligible. Projected Completion Date _____

SECTION C - REDETERMINATION OF TITLE IV E ELIGIBILITY (Continued)

3. Income and Property
 a. Does youth's income exceed cost care ? (Monthly Income \$ _____ Monthly Cost of Care \$ _____)
 Yes Youth is NOT Title IV E eligible. NO
 b. Does youth's available property exceed \$10,000 ?
 Yes Youth is NOT Title IV E eligible. NO

4. Has a court order been issued within the past twelve months containing the finding that reasonable efforts are being made to finalize the permanency plan?
 Yes
 No - Youth is NOT Title IV E eligible as a result of this order.

5. Does the court order contain any placement specifications?
 Yes
 No

6. **IS YOUTH ADC-FC ELIGIBLE BASED ON ANSWERS TO QUESTIONS 1-5 SECTION C ?**
 Yes
 No - If NO, review Title IV E eligibility when youth's circumstances change.

7. Is ward currently receiving SSI benefits ?
 Yes - Submit DHS-3205 and court order to Payment Reconciliation Section for determination on whether SSI should remain active or be terminated.
 No

SECTION D - REDETERMINATION OF APPROPRIATE FUNDING SOURCE

Legal Status	FUNDING SOURCE			
	TITLE IV E Eligible 2	STATE WARD Board/Care 4	COUNTY 3	LIMITED TERM/ TEMP FosterCare 5
State Ward				
1. Youth is Title IVE eligible and not receiving SSI				
a. Placement is ALSO Title IV E eligible or	<input type="checkbox"/>			
b. Placement is NOT Title IV E eligible		<input type="checkbox"/>		
2. Youth is receiving SSI:				
a. Youth would not have been eligible for the former ADC Program.		<input type="checkbox"/>		
b. Youth would have been eligible for the former ADC Program		<input type="checkbox"/>		
3. State Ward is not Title IV E eligible		<input type="checkbox"/>		
Court Ward				
4. Youth is Title IV E eligible and not receiving SSI				
a. Placement is ALSO Title IV E eligible or	<input type="checkbox"/>			
b. Placement is NOT Title IV E eligible			<input type="checkbox"/>	
5. Youth is receiving SSI :				
a. Youth would not have been eligible for the former ADC Program.			<input type="checkbox"/>	
b. Youth would have been eligible for the former ADC Program			<input type="checkbox"/>	<input type="checkbox"/>
c. Youth is IV-E eligible except for placement			<input type="checkbox"/>	
6. Court Ward is not eligible for Title IV E funding			<input type="checkbox"/>	
Non Ward				
7. Youth meets Limited Term Funding eligibility				<input type="checkbox"/>
8. Youth is a voluntary placement			<input type="checkbox"/>	
Services Staff Signature	Date			