

For LDSS Office use only LDSS will complete	
Case ID	Client ID

AGENCY NAME:

The Adoption Assistance Screening Tool is used to determine a child's eligibility for adoption assistance in Virginia. The LDSS completes this form in partnership with prospective adoptive parents, who must sign to confirm they have been informed of any assistance the child may receive once the adoption is finalized.

A separate form must be completed for each child in a sibling group.

Child's current legal name	Child's name after adoption (if known)	
Child's Date of Birth (month, day, year)	Age of Child	
Name of Adoptive Parent	Telephone Number	
Name of Adoptive Parent	Telephone Number	
Address of Adoptive Parent(s)		
<i>Note: The child must be under 18 when the adoption petition is filed to be eligible for adoption assistance.</i>		
<input type="checkbox"/> The Adoption Assistance Application was submitted before the final order of adoption was entered. <input type="checkbox"/> The Adoption Assistance Application was submitted after the final order of adoption was entered. <input type="checkbox"/> Yes <input type="checkbox"/> No The adoptive family was selected by the child's birth parent. If so, this child is not eligible for adoption assistance.		
CITIZENSHIP CRITERIA – The child must meet one of the following criteria. <input type="checkbox"/> The child is a United States Citizen <input type="checkbox"/> The child is a qualified alien whose adoptive parents are U.S. Citizens or qualified aliens <input type="checkbox"/> The child is a qualified alien, who has resided in the U.S. for a minimum of five years, and their adoptive parents are non-qualified aliens. Date child received a qualifying status: <input type="checkbox"/> The child is not a U.S. Citizen and has been determined to be a non-qualified alien. This child is not eligible for adoption assistance.		
DEFINITION OF SPECIAL NEEDS – The child must meet Virginia's definition of special needs. 1. The child can no longer return home based on one of the identified conditions. Answer for both the child's mother and father.		
	MOTHER	FATHER
Death of Birth Parent	<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Termination of Parental Rights	<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
	Unknown Father:	<input type="checkbox"/> Date:
Temporary Entrustment Agreement	<input type="checkbox"/> Evidence of a foster care payment received.	
Permanent Entrustment Agreement – a petition was filed and a subsequent court order was obtained within 180 days of the child's removal from the home stating it was contrary to child's welfare to remain in the home.	<input type="checkbox"/> Date of Removal: Date of Subsequent Order:	<input type="checkbox"/> Date of Removal: Date of Subsequent Order:
2. Adoptive Placement without financial assistance is unlikely due to one of the following factors or conditions being present prior to the adoption. Its presence makes placement without financial assistance unlikely. More than one can apply, but at least one must be checked. <input type="checkbox"/> Physical Disability:		

☐ Mental Disability:

☐ Behavioral/Emotional Condition:

☐ Age six or older and in foster care for 18+ months Age: Date Entered Care:

☐ Member of a Sibling Group placed within the same federal fiscal year (10/1-9/30): Siblings:

☐ Member of a Minority Group:☐ Child is SSI Eligible

☐ Child has a Hereditary Tendency, Congenital Problem, or Birth Injury Leading to a Future Disability:

*If this is the only factor selected in this section, no payment will be included in the agreement. A monetary payment may be requested later if a qualifying condition becomes evident.

3. Reasonable Efforts Criteria – Reasonable efforts must be made to place the child without adoption assistance. At least one must be checked.

☐ The child was registered on AREVA within 60 days of terminating parental rights

Date of TPR: _____ Date of Registration: _____

☐ Child was referred to and featured by other adoption exchanges, i.e. VKB, ATCP Recruitment

☐ Recruitment requirements were waived due to the existence of significant emotional ties with the foster family formed while in their care as a foster child for at least 18 months.

Date of Placement:

☐ The adoptive family has indicated they cannot adopt without adoption assistance.

Summary: The child must meet a condition in each of the above three sections to meet Virginia's definition of special needs. If the child meets the definition, screen the child for title IV-E adoption assistance.

TITLE IV-E ELIGIBILITY CRITERIA – The child must meet one of the eligibility criteria below to be eligible for title IV-E.

☐ Previous Adoption Eligibility

The child's previous adoption has been dissolved through a termination of parental rights or the adoptive parents are deceased. The child was eligible for title IV-E adoption assistance in the previous adoption.

SSI Eligibility

The child meets all medical and disability requirements of the title XVI Supplemental Security Income (SSI) Program.

☐ Child of a Minor Parent in Foster Care

The child resides with their minor parent in a foster family home or childcare institution. The minor parent was removed involuntarily with a judicial determination made that remaining in the home was contrary to their welfare; or there's a temporary entrustment agreement, or a permanent entrustment.

☐ The child is in the care of a public or private child placing agency. At the time of their removal, there was a judicial determination made that remaining in their home is contrary to their welfare, there's a temporary entrustment agreement or a permanent entrustment agreement.



STATE ADOPTION ASSISTANCE – Only screen the child for State adoption assistance when they do not meet the title IV-E eligibility criteria. To be eligible, they must meet each of the following conditions.

- ☐ The child meets the age and citizenship requirements.
- ☐ The child meets Virginia's definition of special needs.
- ☐ The child is in the custody of a public or private child placing agency.
- ☐ The child has developed significant emotional ties with their foster parents while in their care for at least 12 months. The foster parents are committed to adopting the child, and State adoption assistance maintenance payments are necessary.

Applications Submitted After Final Order

For applications submitted after the final order of adoption, the child must meet each of the criteria below in addition to the above criteria.

- ☐ The child has a condition/disability that was present at the time of adoption.
- ☐ The child was first diagnosed with the condition/disability after the final order of adoption.
- ☐ The diagnosis was made within 12 months of the submission of the Adoption Assistance Application.

Date of the Adoption:

Date of the Diagnosis:

Diagnosis:

Verification used to corroborate presence at the time of the adoption:

ADDITIONAL DAILY SUPERVISION – This child requires an additional daily support and supervision

Payment based on the following:

- ☐ The child receives an enhanced maintenance payment in foster care based on the VEMAT.
- ☐ The child was not receiving enhanced maintenance payments in foster care, but there is sufficient reason to believe the child requires additional support and supervision consistent with VEMAT guidance. A VEMAT has been conducted.

Date of last VEMAT:

Child's VEMAT Score:

Amount: \$

SPECIAL SERVICE PAYMENT – Every child who receives adoption assistance should be screened for special service payment eligibility. The child must meet each of the criteria below to be eligible.

- ☐ The child is in custody of a child placing agency at the time of application
Name of child placing agency:
- ☐ Child is eligible to receive title IV-E or State adoption assistance.
- ☐ The adoptive parents are capable of providing the permanent family relationship needed in all respects except financial.

NON-RECURRING EXPENSES – Children who meet the citizenship and age criteria, in addition to meeting Virginia's definition of special needs, are eligible for reimbursement of non-recurring expenses.

The child has met these criteria. ☐ Yes ☐ No

MEDICAID ELIGIBILITY

- ☐ The Adoption Assistance Agreement will include Medicaid for the child because the child is eligible for title IV-E adoption assistance.
- ☐ The Adoption Assistance Agreement will include Medicaid because the child is eligible for State adoption assistance and has a special medical or rehabilitative need.
- ☐ The Adoption Assistance Agreement will not include Medicaid for the child because the child is not title IV-E or state eligible; or is state eligible but does not have a special medical or rehabilitative need.

Family Services Specialist:

Date:

Email Address:

Telephone:

Adoptive Parent:

Date:

Adoptive Parent:

Date:

Family Services Supervisor:

Date: