

**REDETERMINATION OF  
FOSTER CARE ASSISTANCE BENEFITS AND/OR MEDICAL ASSISTANCE ONLY  
COUNTY DEPARTMENT OF SOCIAL SERVICES**

**PART I: CHILD INFORMATION**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_

**Original Placement Authority** Type \_\_\_\_\_ Date \_\_\_\_\_  
This refers to how the child entered care for present removal (VPA, Relinquishment or Judicial Determination)

**Original Funding Eligibility** Type \_\_\_\_\_ Date \_\_\_\_\_  
This refers to funding source for which child was originally eligible (indicate IV-E SFHF, TEA or All County)

**Current Funding Source** (if different) Type \_\_\_\_\_ Date \_\_\_\_\_  
Why did the funding source change? \_\_\_\_\_  
This refers to the funding source from which payments are being made at this redetermination date.

**This form must be completed at least every 12 months or at any time when the agency receives information that would affect any questions listed below. This form is completed for both funding source and to document Medicaid eligibility. Children who came into care on a relinquishment are eligible for SFHF (or all county funds) only. This should be reflected in the redetermination.**

**Note:** If child was not initially IV-E eligible, he/she will never be for this removal period. If the child is initially IV-E eligible and subsequently loses that eligibility, the child may regain eligibility when all requirements are met.

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**PART II. LEGAL RESPONSIBILITY**  
Complete Appropriate Section Below

**A. CARS Agreement**

1. Has the child reached his 18<sup>th</sup> birthday?  Yes  No  
**If Yes, continue to question 2.**  
**If no, proceed to questions about appropriate removal method (B, C or D) below.**
2. Has child signed a VPA/CARS to remain in foster care?  Yes  No  
Give date signed \_\_\_\_\_
3. Is child in school or approved training program?  Yes  No How verified \_\_\_\_\_

**If answer to either question 2 or 3 is No, child not eligible for any foster care funds.**  
**If answer to questions 1, 2 and 3 is Yes, child is eligible for SFHF. Go to Part III and mark SFHF.**

**B. VPA Removal (complete for any removal by a VPA)**

If the child has been in care 180 days, has there been a judicial determination within that 180 days that continuing in placement is in the child's best interests? This finding may be made in any order of the Juvenile Court.  Yes  No Give date judicial determination issued \_\_\_\_\_

**If yes,** proceed to Part III.  
**If no,** child is ineligible on the 181<sup>st</sup> day and will remain so for this episode of care. Proceed to Part III and mark All County.  
**Note:** Eligibility is based on how the child came in to care, so it is irrelevant if the agency later files a petition and obtains custody of the child.

**C. Relinquishment Removal** If child entered care by Relinquishment, s/he is only eligible for SFHF. Go to Part III and mark SFHF (if it has been more than 364 days since TEA ends after 364 days).

**D. Court Order Removal (complete for any court ordered removal)**

1. Has the child continuously remained under the placement and care responsibility of the county DSS during this episode of care?  Yes  No

**If yes, proceed to next question. If no, child is not eligible for foster care funds. Proceed to Part III and mark All County.**

2. Every child entering foster care by a court order, requires a judicial determination, within twelve months of the date the child is considered to have entered care and every subsequent twelve months, that the DSS agency has made reasonable efforts to finalize or achieve the permanent plan.

Reasonable efforts to finalize or achieve the permanent plan	MM/DD/YY	
<b>a. Date of Removal</b>		
<b>b. Date the child was considered to have entered care</b> (this is the <b>earlier</b> of 60 days after the removal or the date of adjudication).		
	Yes	No
<b>c. Has the child been in Foster care at least 12 months or more from the date the child was considered to have entered care? (b above)</b>		

If Yes, continue

If No, a finding of Reasonable Efforts is not yet due. Proceed to Part III.

	MM/DD/YY	
<b>d. What is the foster care eligibility period noted on most recent 5120 or 5120A completed prior to this one.</b>		to
<b>e. What was the date of the most recent finding of Reasonable Efforts to Finalize the Permanency Plan made before eligibility period noted above. Enter NA if there is no previous finding.</b>		
<b>f. What was due date of the next determination of Reasonable Efforts to Finalize the Permanency Plan?</b> (either 12 months from date child was considered to have entered care (b above) or 12 months from most recent finding of Reasonable Efforts (e above)). <b>NA if not required at this time.</b>		
<b>g. What is date that the determination was made? (or NA if not required)</b>		
	Yes	No
<b>h. Is the Judicial Determination of Reasonable Efforts to Finalize timely?</b> (Note: A judicial determination is not considered timely if the finding is not made within the required 12-month timeframe. The date of the latest judicial determination is used to determine the date the subsequent one must be made). <b>Enter NA if not required at this time.</b>		

**If yes or NA**, Proceed to PART III and indicate child's eligibility. If child was not initially eligible for IV-E, they will never be IV-E eligible for this removal period.

**If no**, Proceed to PART III and indicate All County until the judicial determination is made.

Child is **ineligible** for IV-E and SFHF from the last day of the month that the determination was due until the first day of the month in which the determination was made.

Period of ineligibility From \_\_\_\_\_ to \_\_\_\_\_

**If there is a period of ineligibility in a past review period, an adjustment must be submitted to correct the ineligible payment. If there is a current period of ineligibility, proceed to Part III and mark All County funds. Complete a new redetermination when the judicial determination is made and IV-E or SFHF eligibility is restored.**

