



IV-E Eligibility Determination for Federal Funds for the Guardianship Assistance Program (GAP)

(Sections II, III and IV completed by the IV-E Specialist)

I. CHILD OR YOUTH IDENTIFYING INFORMATION		
1. CHILD OR YOUTH'S NAME	2. CHILD OR YOUTH'S PERSON ID NUMBER	3. CHILD OR YOUTH'S CASE ID NUMBER
4. NAME OF PROSPECTIVE RELATIVE GUARDIAN		5. CHILD OR YOUTH'S DATE OF BIRTH (MM/DD/YYYY)
6. CHILD OR YOUTH'S SOCIAL SECURITY NUMBER	7. DCYF LOCAL OFFICE	8. CASEWORKER
II. U.S. CITIZEN/ALIEN CRITERIA		
<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Verify if U.S. citizen. If yes, proceed to Section III. If no, answer Alien question #2 below.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Is this child or youth a qualified alien as defined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996? If yes, proceed to Section III. If no, GAP payments are ineligible for Title IV-E reimbursement; proceed to Section IV and should be directed to state funding.</p>		
NOTE: Section V must be completed by the Caseworker prior to IV-E determination.		
III. ELIGIBILITY CRITERIA (In addition to Citizenship/Alien criteria, the child or youth must meet <u>only</u> one of either A or B below:		
<p><input type="checkbox"/> A. Meets <u>all</u> of the following criteria: (Check box "A" only if all of 1-3 are true).</p> <p><input type="checkbox"/> 1. The child or youth was eligible for IV-E foster care maintenance payments for 6 consecutive months while residing in the home of the licensed prospective relative guardian, or would have been eligible but for receipt of SSI benefits.</p> <p><input type="checkbox"/> 2. The prospective relative guardian meets all requirements for full licensure as a foster family home.</p> <p><input type="checkbox"/> 3. The child or youth is not over the age of 18.</p>		
<p><input type="checkbox"/> B. Child or youth qualifies as a sibling of an IV-E eligible child or youth: The child or youth who is not IV-E eligible for federal GAP in his/her own right qualifies as a sibling of a IV-E eligible child or youth placed in the same relative guardian's home.</p>		
IV. CERTIFICATION OF IV-E ELIGIBILITY STATUS		
<p style="text-align: center;">Meets IV-E eligibility criteria for federally funded GAP?</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Check "Yes" only if child or youth is a U.S. citizen or qualified alien, and either A or B in Section III is checked and all "Yes" boxes in Section V are checked.</p>		
ELIGIBILITY SPECIALIST (PRINT NAME)		SIGNATURE
TELEPHONE NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	DATE:
COMMENTS:		

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1. CHILD OR YOUTH'S NAME		2. CHILD OR YOUTH'S PERSON ID NUMBER	3. CHILD OR YOUTH'S CASE ID NUMBER
Completed by Case worker Prior to IV-E Determination			
V. ADDITIONAL ELIGIBILITY CRITERIA FOR IV-E FEDERAL FUNDED GAP			
Please check the appropriate boxes for all five criteria prior to requesting the Title IV-E eligibility determination.			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	1. Return Home or Adoption are not appropriate permanency options for the child or youth.	
<input type="checkbox"/>	<input type="checkbox"/>	2. The child or youth demonstrates a strong attachment to the prospective relative guardian.	
<input type="checkbox"/>	<input type="checkbox"/>	3. The relative guardian has a strong commitment to caring permanently for the child or youth.	
<input type="checkbox"/>	<input type="checkbox"/>	4. The child or youth is under the age of 14, or if 14 and older, the child or youth consents to the Guardianship with the prospective relative guardian as their permanent plan.	
<input type="checkbox"/>	<input type="checkbox"/>	5. The prospective guardian is a relative as defined:	
		a. Per RCW 13.36.020(5) which does not include suitable person, or	
		b. Per ICW Manual Placement Preferences.	
COMMENTS:			
CASEWORKER (PRINT NAME)		SIGNATURE	
TELEPHONE NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS	DATE