

Eligibility Simplification

IV-E Foster Care

Desk Reference

October 1, 2006

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Overview

Florida received federal approval of the first statewide waiver providing flexibility for Title IV-E foster care funds in March 2006. The U.S. Department of Health and Human Services' Administration for Children and Families (ACF) authorized the five-year waiver under Title IV-E of the Social Security Act, allowing Florida to demonstrate that flexibility in funding will result in improved services for families.

The waiver proposal was developed as a joint effort by DCF and its Community Based Care (CBC) lead agencies. The waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification and foster care.

This document provides guidance to ensure that IV-E foster care eligibility determinations can be made for all children who are involved in the demonstration project and to make certain that IV-E eligibility can be properly determined for the purpose of Adoption Assistance Payments.

Explanation of Terms

Explanation of Terms

Assets mean liquid or non-liquid items of value owned singly or jointly by an individual who has access to the cash upon disposition. Example: Savings account, checking account, stocks, bonds, etc.

Citizenship & Identity means that each individual must be:

- o U.S. citizen, or
- o a qualified /eligible non-citizen according to current TANF policy.

Deprivation means that a child is living without the support and care of one or both parents due to continued absence from the home because of death, separation, divorce, or incarceration; or incapacity, unemployment or underemployment.

Income means the gross earned and unearned income of the parent(s) and child.

Interstate Compact on the Placement of Children (ICPC) establishes a contract among the states and jurisdictions that ensures orderly procedures for the interstate placement and post-placement supervision of children.

In Home Services means services provided while a child remains in his or her own home and includes cases where a child was removed but has now been returned to the home of his or her parent or guardian.

Medicaid means the medical assistance funded under Title XIX of the Social Security Act that provides basic health care to various coverage groups.

Out-of-Home Care means the placement of a child in licensed and/or non-licensed settings arranged and supervised by the department or contracted service provider, outside of the home of the child's parent(s).

Removal Episode means the entire period of time a child is in out-of-home care, beginning with the child's removal from his or her primary residence. The removal episode ends when permanency is achieved, the child becomes 18 years old, the child is emancipated by marriage or a court order, or the child dies. A new removal episode begins with each reentry into out-of-home care.

SSI means Supplemental Security Income that is provided to individuals with disabilities through the Social Security Administration.

Shelter Order means the court order that establishes the legal status when a child is taken into protective custody of the department.

Specified Relative means relatives who meet the specified degree of relationship (this includes the legal side of kinship even if the marriage ended in death or divorce):

- Mother
- Father, legal or biological (Note: A non-judicial determination of paternal relationship must be made on the natural, biological father or his relatives as listed herein.)
- Brothers, sisters (including those of half blood)
- Aunts, uncles, nieces, nephews
- Grandparents, great-grandparents
- First cousins (and 1st cousins once removed)
- Stepfather, stepmother, stepbrother or stepsister.
- (Note: The parent of a stepparent is not a specified relative.)
- Person who legally adopts a child, as well as the natural and other legally adopted children and other relatives of the adopted parents, as long as they are within the specified degree.
- Legal spouses of any persons named in the above groups even though the marriage terminated by death or divorce.
- Individuals of preceding generations as denoted by prefixes such as grand, great, and great-great.

Welfare Enumeration means providing proof of a child's Social Security Number or proof of application for a Social Security Number.

IV-E Foster Care

Eligibility

Simplification

IV-E Foster Care Eligibility Simplification

The eligibility simplification process ensures that

- 1) IV-E foster care eligibility determinations can be made for all children who are involved in the demonstration project,
- 2) IV-E foster care eligibility can be properly determined for the purpose of Adoption Assistance Payments, and
- 3) Information needed for Medicaid eligibility is available.

A. Foster Care: Within five (5) working days of a child's entering out-of-home care (licensed care) complete the:

1. IV-E Foster Care Initial Checklist and place the supporting documents in the child's case file. Refer to the Checklist on page 8.
2. Child in Care Medicaid Application (form CF-ES 2626A), including Absent Parent Information, and Declaration of Citizenship form (CF-ES 2058). The main purpose of this is to obtain Medicaid for the child in licensed care. The completed form is then submitted to the Child In Care (CIC) unit in the Office of Economic Self-Sufficiency (ESS) / ACCESS Florida for determination of Medicaid eligibility. Refer to the CFOP 175-71, TITLE IV-E FOSTER CARE AND ADOPTION SUBSIDY.

NOTE: Complete only the highlighted items on the 2626a. Refer to the annotated application in the Tools section.

B. Adoption Subsidy.

In the event the child's permanency goal is adoption, initiate completion of the Adoption Subsidy Checklist and begin process for determining the child's eligibility for IV-E Foster Care at the time the child is placed with the adoptive parent(s). The child being eligible for IV-E foster care is a prerequisite to IV-E Adoption Subsidy. Refer to CFOP 175-71, Chapter 5.

IV-E Foster Care

"Initial"

Checklist

&

Instructions

Child's Name: _____

Social Security Number: _____

TITLE IV-E FOSTER CARE INITIAL CHECKLIST
(Note: This Checklist is not all inclusive.)

Removal Date: _____

Judicial Removal:

- Shelter/Initial Removal Order – **must contain “contrary to welfare” and reasonable efforts to prevent removal” language.**
- Shelter Petition

Voluntary Removal (temporary, licensed out-of-home foster care placement):

- Voluntary Placement Agreement (**CF-FSP 5004**), (Date signed: _____)
- Court order **within 180 days of voluntary placement agreement that contains “contrary to welfare” language**

SSI-Related Documentation:

- Award letter, **if applicable, from the Social Security Administration or other documentation/proof of eligibility.** If child is SSI eligible, then child is IV-E Non-Reimbursable.

AFDC/Eligibility-Related Documentation:

- Proof of Citizenship Status and Identity: **Provide Birth Certificate, Declaration of Citizenship, or INS documentation). *The Declaration of US Citizenship form must be attached to the 2626a form.***
- Social Security Card: **copy or proof of application**
- Documentation that child lived with a specified relative within 6 months of removal (reference petition if applicable).**
- Income and Asset **supporting documentation**
See income guide.
- Deprivation and financial need **of income and asset at removal**

NOTE: The child being eligible for IV-E foster care is a prerequisite to IV-E Adoption Subsidy.

IV E Adoption Determination Checklist:

- Petition for TPR
- TPR Order **on all parents**

Foster Care Eligibility: (Revenue Maximization Use Only)

- IV-E FC Eligible (Presumptively) Non IV-E Eligible
- IV-E Non-Reimbursable

Revenue Maximization Specialist

Date

Comments:

INCOME GUIDE

When the family size is	And the household's gross income is equal to or less than	Then
1	\$645	the child is presumed eligible for IV-E Foster Care
2	864	
3	1082	
4	1300	
5	1519	
6	1737	
7	1955	
8	2174	
9	2392	
10	2610	
ADD*	218	

* For each additional member beyond 10 add this amount to the Consolidated Need Standard.

INSTRUCTIONS TITLE IV-E FOSTER CARE INITIAL CHECKLIST
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Enter the child's name and social security number.

The child's case file should include the supporting documentation for each item below.

Removal Date – refers to date that the child is removed from his/her normal residence (either judicially or voluntarily) and is placed in one or more out-of-home care settings, i.e., emergency shelter, relative care, foster home, etc. This date is generally reflected in the Shelter Order.

Judicial Removal:

- ❑ **Shelter/Initial Removal Order** – must contain “contrary to welfare” and "reasonable efforts to prevent removal" language. A judicial finding of “contrary to the welfare” must be made at the first court hearing that approves/sanctions the removal of the child from the home. This can include orders from other hearing types, i.e. Change of Custody, Judicial Review hearings, etc.
- ❑ **Shelter Petition** - contains information on removal date, removal situation, and documents where and whom the child was living with at time of removal.

Voluntary Removal (temporary, licensed out-of-home foster care placement):

- ❑ **Voluntary Placement Agreement** (CF-FSP 5004), (Date signed: _____) When there are no abuse or neglect issues involved, a parent(s) or legal guardian may sign a voluntary foster care agreement with the department for the temporary placement of a child in foster care. A signed Voluntary Foster Care (Licensed) Agreement is executed and available in the child's case record. It is important that the case manager receiving the voluntary placement makes notes about the parent(s)' living situation and the removal home.
- ❑ **Court order** within 180 days of voluntary placement agreement that contains “contrary to welfare” language. In order to ever receive Title IV-E eligibility a judicial finding must be made within 180 days from the date of the voluntary licensed placement to the effect that the placement in out of home care is in the child's best interest. If the judicial finding is not made within the first 180 days, the child will not be IV-E eligible.

SSI-Related Documentation Requirements:

- ❑ **Award letter**, if applicable, from the Social Security Administration or other proof of eligibility. The lead agency should continue to apply for and become the representative payee for the child's SSI and use the SSI payment to offset the cost of care. The SSI eligible child also has the benefit of services funded

INSTRUCTIONS (continued) TITLE IV-E FOSTER CARE INITIAL CHECKLIST
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from the IV-E waiver. The waiver should not impact the treatment of a child's SSI. Refer to CFOP 175-71. *Note: Child is IV-E Non-Reimbursable.*

AFDC/Eligibility-Related Documentation Requirements:

- ❑ **Proof of Citizenship Status and Identity:** Provide Birth certificate; Declaration of Citizenship, or INS documentation) *The Declaration of US Citizenship form is completed and attached to the 2626a form.* For Medicaid, a copy of the documents verifying the child's citizenship and identity should be submitted with each application, if available. If not available at initial application, the documents must be submitted at the time of the annual redetermination.
- ❑ **Social Security Card:** copy of the child's social security card or proof of application.
- ❑ **Documentation that child lived with a specified relative within 6 months of removal.** Shelter petition should include information on the living situation at the time of removal, including those living in the home.
- ❑ **Income and Asset** supporting documentation.
Earned income information for parent(s), child and siblings in the removal home - Employer's name and address, # of hours worked per month, total gross earned income for the month.
Unearned income information for parent(s), child, and siblings in the removal home - source and amount of income per month.
Asset limit is \$10,000. Some examples of assets are: savings account, checking account, stocks, bonds, etc.
- ❑ **Deprivation and financial need**
Child must be deprived of support or care of one or both parents due to death, incapacity, unemployment, or continued absence because of divorce, separation or desertion.

NOTE: The child being eligible for IV-E foster care (pre-waiver) is a prerequisite to IV-E Adoption Subsidy.

IV E Adoption Determination Checklist:

- ❑ Petition for TPR
- ❑ TPR Order **on all parents**

Foster Care Eligibility:

The revenue maximization specialist **must** complete this section and inform Child in Care whether the child is IV-E FC Eligible (Presumptively), IV-E Non Reimbursable, or Non IV-E Eligible.

TITLE IV-E

ADOPTION

SUBSIDY

CHECKLIST

NOTE: The child being eligible for IV-E foster care is a prerequisite to IV-E Adoption Subsidy.

TITLE IV-E ADOPTION SUBSIDY CHECKLIST

REQUIRED DOCUMENTATION FOR ADOPTION SUBSIDY FILES

(as appropriate to the case)

AFDC/Eligibility-Related Documentation

- Completed **Adoption Subsidy Title IV-E Eligibility/Screening Worksheet**
- Proof of Citizenship Status (acceptable documentation: Birth certificate, Declaration of Citizenship, INS documentation)
- Copy of original **Child in Care Medicaid and Title IV-E Application Worksheet (CF-ES 2628A)**

- Notice of Case Action/Communication Form (CF-ES 2629)** at the time of:
 - Date of most recent removal: _____
 - Adoption Petition date: _____
 - Redetermination(s) (Must have at least annual redeterminations from the date of the initial adoption assistance agreement); Date(s) of redetermination: _____, _____, _____, _____, _____

SSI-Related Documentation

- Award letter from the Social Security Administration (Eligibility for SSI must be determined prior to the time of the adoption petition for finalization)

Judicial Removal:

- Shelter Petition (contains information on removal situation and documents who the child was living with at time of removal)
- Shelter Order – must contain “contrary to welfare” and “reasonable efforts to prevent removal” language

Voluntary Removal (temporary, licensed out-of-home foster care placement):

- Voluntary Placement Agreement, (Date signed: _____)
- Court Order within 180 days of voluntary placement that contains “contrary to welfare” language (Date of order: _____)

- Voluntary Surrender** (surrendering parental rights):
 - Voluntary Surrender, (Date signed: _____)
 - Court Order within 6 months (180 days) of voluntary surrender that contains “contrary to welfare” language (Date of order: _____)

Prior Eligibility for title IV-E Adoption Assistance (Applies to children after 10/1/97)

- Documentation of child’s previous eligibility for IV-E Adoption Assistance
- Date of Prior Adoption _____
- List Documentation: _____

TITLE IV-E ADOPTION SUBSIDY CHECKLIST (Continued)
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Documentation of Criminal Background Screenings on Adoptive Parents

- National/Federal: (Date completed:_____)
- State: (Date completed:_____)
- Local: (Date completed:_____)
- Evidence that pre-adoptive parents were notified of all court hearings pertaining to child, if applicable
- Adoption Home Study
- Date of placement in adoptive home
- Documentation of adoption home recruitment efforts (adoption exchange, private agency, etc.)

Court-Related Documentation:

- Dependency PDS and JRSSR (may contain information pertinent to eligibility determination)
- Removal or Change of Placement petitions and orders, if applicable
- TPR Order on all parents

Adoption-Related Documentation:

- CF-FSP 5079 Initial Adoption Assistance Agreement** – (signed and dated by all parties prior to IV-E payments **and** prior to adoption finalization)
- Memorandum Agreement
- CF-FSP 5079 Adoption Assistance Agreement annual renewals:**_____, _____, _____,
- CF-FSP 5078 Subsidized Adoption Program Data Sheet**
- CF-FSP 5077 Subsidized Adoption Disposition Sheet**
- CF-FSP 5075 Subsidized Adoption Program Child’s Summary includes:**
 - Documentation of efforts to place child without subsidy
 - Documentation of child’s “Special Needs” criteria/factors
- Petition of Adoption finalization
- Final Judgment of Adoption Order

IV-E Waiver

OPT OUT

CONTINGENCY PLAN: IV-E WAIVER OPT OUT

In the event that the State of Florida or the Federal Agency decides to opt out of the IV-E Waiver, the following steps should be taken at the State and CBC level to transition back to the standard non-waiver IV-E Revenue Maximization requirements.

Initial Capacity Assessment:

An initial Capacity Assessment should occur at the State and CBCs within the first 10 days of opting out of the waiver. It should be determined if the appropriate staffing levels exist and what level of expertise remains to implement the plan and phase in revenue maximization responsibilities.

Staffing:

Once the assessment has been completed and staffing ratios have been determined for the State and CBCs, the staff should be retained within 30 days of opting out of the waiver.

Training:

Between 30 and 45 days following the opting out of the waiver there should be a statewide training conference held to train staff on the Federal IV-E requirements and the phase in schedule for completing revenue maximization responsibilities.

** If it is determined that there is a deficit in the availability of staff to perform required tasks within the 90 day transition period the State or CBC should be prepared to contract with an experienced agency to help meet their staffing or training needs.

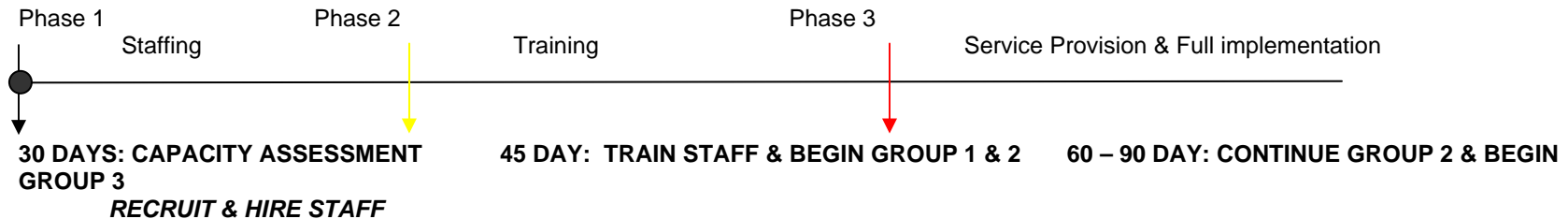
Implementation of service provision: Begin revenue maximization and eligibility determination responsibilities.

Group 1: New admissions/clients begin review within 45 days.

Group 2: At annual determination for Medicaid benefits begin review within 45 - 60 days.

Group 3: All active children with Simplified IV-E checklists reviewed in order of removal date begin review within 60 - 90 days.

IV-E Waiver Opt Out Phase Schedule: 90 day transition timeframe



Frequently
Asked
Questions
(FAQs)

Frequently Asked Questions (FAQs)

1. What is the IV-E Foster Care Waiver?

Answer: The U.S. Department of Health and Human Services' Administration for Children and Families (ACF) authorized the five-year waiver under Title IV-E of the Social Security Act, allowing Florida to demonstrate that flexibility in funding will result in improved services for families. The waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification and foster care. The IV-E Foster Care Waiver goes into effect October 01, 2006.

2. What is simplified eligibility?

Answer: Simplified eligibility is a process which includes the development of a checklist put into place to support IV-E Adoption procedures if and when it is needed when a child is adopted, as well as to provide a back-up mechanism in the event the State of Florida chooses to opt out of the waiver. The intent of the simplified eligibility process is it to remove any unnecessary eligibility related activities eliminated under the IV-E Foster Care Waiver and preserve a packet of information in a child's case management file if it is needed.

3. How does this apply to me and what I do?

Answer: The type of role you perform for Community Based Care and Child Welfare will determine how much the IV-E Foster Care Waiver impacts you and your Agency. The IV-E Foster Care Waiver should reduce the amount of criteria and job related tasks it currently takes to determine a child's eligibility, capture and track eligibility data, capture and track Service Activity and eliminate the need for duplicate client files created as Revenue Maximization Files.

4. Does the IV-E Foster Care Waiver impact a child's Supplemental Security Income (SSI) eligibility?

Answer: There is not any intent under the waiver to handle SSI eligibility differently than prior to the waiver. The SSI eligible child will have the benefit of the services funded from the IV-E waiver. Refer to CFOP 175-71.
Note: Child is IV-E Non-Reimbursable.

5. Does the IV-E Foster Care Waiver include IV-E adoption subsidy?

Answer: No, the waiver does not include IV-E adoption subsidy. The eligibility criteria and process remains the same for IV-E adoption subsidy.

6. Currently, Florida determines whether the child is IV-E eligible and informs the receiving state of the child's IV-E eligibility for Medicaid purposes. The receiving state provides Medicaid once we inform them of the child's eligibility (child may be IV-E or non IV-E for Medicaid). How does the IV-E Foster Care Waiver impact a child who enters out of home care in Florida and is subsequently placed out-of-state through ICPC in a licensed home? Is the child's Medicaid coverage group IV-E or non IV-E?

Answer: The intent under the waiver is to maintain Medicaid eligibility for any child in foster care that is currently eligible for Medicaid. This would extend to children who are out of state. Essentially, their Medicaid status should be unchanged under the waiver.

For children who come into care October 1 or later, it is necessary to complete the IV-E Foster Care Checklist and the Medicaid/IV-E Foster Care Application. The Medicaid application is then submitted to child in care for processing. If the child is IV-E eligible (presumptively) then the child's Medicaid is IV-E. The child in care caseworker will continue to provide a Notice of Case Action as is current policy.

7. What does it mean to presume IV-E eligibility?

Answer: To presume eligibility is to make your best determination of a child's IV-E eligibility based on the information collected in the simplified eligibility checklist and packet. There will be no formal Notice of Case Action or ESS / CIC determinations made on IV-E foster care eligibility for the majority of the Foster Care population.

8. In what situations would I presume eligibility and why?

Answer: Presuming eligibility will occur for Medicaid purposes; if we can differentiate children who would likely be IV-E eligible from those who would not likely be IV-E eligible. It would be useful in categorizing their Medicaid eligibility for entry into the FLORIDA system. Currently, there are different coverage codes for IV-E and non IV-E eligible children for Medicaid even though they are both eligible for Medicaid.

9. Does the 12 month review of a child's Medicaid eligibility continue to be applicable?

Answer: Yes. Eligibility for Medicaid only must be reviewed every 12 months (see CFOP 175-71).

10. How will the simplified eligibility affect or change the entry of children's funding eligibility answers in HS_n? Will we still record an eligibility value/answer in HS_n for children in home and out of home care?

ANSWER: Yes, continue to code the child's eligibility in HS_n.

11. a. When a child enters licensed foster care, Rev Max will still fill out and submit the Title IV-E application and request for Medicaid.

ANSWER: No. Rev Max will complete the IV-E Foster Care Checklist. Based on the child and family's circumstances, rev max will determine if the child is presumptively IV-E foster care eligible. This should be annotated on the IV-E application and request for Medicaid.

b. Will CIC open all Medicaid as MCFN (not 4e eligible)?

ANSWER: If presumptively eligible for IV-E Foster Care, the Medicaid will be MCFE.

12. In the draft to simplify eligibility, it states deprivation can be met by unemployed parents (see explanation of terms, page 4, and checklist for foster care, page 10). Does this mean that we can presume Title IV-E eligibility without meeting UPE Criteria?

ANSWER: No. You cannot presume eligibility unless deprivation is met either through separation, divorce, death, or UPE.

13. Does implantation of the waiver change how we code eligibility in ICWSIS?

ANSWER: This is under review and detail is forthcoming.

14. ICPC now requires Title IV-E eligibility determinations. Will this be handled the same as adoptions (a full determination by Child in Care)?

ANSWER: You are correct that ICPC requires a simplified IV-E FC eligibility determination (the same as any child in licensed care). Refer to FAQ #6.

15. If citizenship or ID requirements are not met, will the case still be pended?

ANSWER: No, not at initial application for Medicaid; however, the citizenship and identity requirements must be met by first review.

16. Adoption subsidy will be handled much the same as it is now. A full determination will be completed. How are the adoption annual reviews changed?

ANSWER: There are no changes for IV-E adoption annual reviews based on the IV-E Foster Care waiver.

17. Can the only copy of the initial checklist and the application for Medicaid be filed in the family file or saved digitally?

ANSWER: The initial checklist should be saved in the family file or saved digitally. A copy of the application for Medicaid should also be saved in the family file as the original is sent to child in care.

18. Does the waiver change the method for Title IV-A/EA for licensed foster care children?

ANSWER: No, the waiver does not change IV-A/EA for children in licensed foster care. Remember, the Waiver is specific to IV-E foster care.

19. Will Rev Max still receive a Notice of Case Action regarding the initial Medicaid request?

ANSWER: Child in care will continue to issue a Notice of Case Action regarding Medicaid.

20. Will CIC still produce a Notice of Case Action when the child leaves licensed foster care or SSI benefits have been approved?

ANSWER: Yes, a Notice of Case Action will be generated. There is no change.

21. Who should make the eligibility determinations under the new waiver- PIs or RevMax personnel?

ANSWER: Technically, there is no eligibility determination for IV-E Foster Care. We are recommending that rev max determine if the child is presumptively eligible for IV-E Foster Care. This is then annotated on the Medicaid application for purposes of coding Medicaid eligibility.

22. What will the eligibility determination process be?

ANSWER: The Eligibility Simplification IV-E Foster Care Desk Reference provides the specifics. Basically, rev max completes a IV-E Foster Care checklist, as well as the Application for Medicaid.

23. Does this do away with IVA-EA eligibility determination and all related ICWSIS entry?

ANSWER: Eligibility for IV-A/EA is separate from the IV-E Foster Care waiver. However, it is our understanding that we are shifting from using IV-A/EA funds starting in October 2006.

24. What will the new forms look like?

ANSWER: The IV-E Foster Care Initial Checklist is a one-page document. The form and instructions are contained in the Eligibility Simplification IV-E Foster Care Desk Reference.

25. How will Medicaid (re)-eligibility be determined? New forms?

ANSWER: There is no change to the process for re-determination of Medicaid eligibility. The rev max specialist will submit a completed CIC Eligibility Review and Communication Worksheet. See question 9. above.

26. What are the requirements for Adoption Subsidy renewals?

ANSWER: Adoption subsidy is not included in the waiver. The requirements for Adoption Subsidy renewals are separate from the IV-E foster care waiver. Instructions on adoption subsidy renewals will be issued separately.

27. Is it expected that new IV-E procedures and forms will be uniform statewide?

ANSWER: The Desk Reference provides the guidance for IV-E foster care eligibility. The IV-E Foster Care checklist should be consistent statewide.

28. Will the Cost Allocation Plan and invoice format be changed because of the waiver? How?

ANSWER: The cost allocation plan and invoice format should be simpler. The financial workgroup will provide information on the changes.

29. If a child is placed in a foster home that is "not fully licensed", can Title IV-E funds under the Waiver be used to pay foster care maintenance since safety factors (fully licensed foster homes) have not been waived? If the answer is "yes", how are safety factors applicable under the waiver?

If "no", what funds should be used for maintenance payments and how will these funds be identified?

ANSWER: The IV-E Foster Care waiver provides the flexibility on use of IV-E funds. It is permissible to use the IV-E foster care funds under the waiver to pay foster care maintenance for homes that are licensed. Safety ties to practice not to funds. Keeping children free from abuse and/or neglect is still the paramount concern.

30. The Title IV-E Foster Care Initial Checklist has a section to notate the AFDC/Eligibility Related Documentation. Since the revised Child in Care Medicaid Application will not have a space for collection of this data, where and how should income and asset supporting documentation and deprivation documentation be recorded?

ANSWER: The income and asset information, and deprivation may be located in the financial affidavit or the shelter petition.

31. Why does the Title IV-E Foster Care Initial Checklist (along with the Revised Medicaid Application) have to be sent to Child in Care for a Medicaid determination since the Checklist is not a part of the application process for Medicaid?

ANSWER: The checklist does not need to be submitted to Child in Care.

32. Under section 2.1 of the approved waiver, there is a statement requiring “the State will provide the Department...the array of community-based services that each Lead Agency will provide under the waiver demonstration.” Please provide the array of services submitted for Lead Agencies. How was the array of services of our Lead Agency determined since we did not provide input?

ANSWER: The Service Array workgroup is addressing this section of the waiver. Information is forthcoming.

33. Are Time Logs still a requirement?

ANSWER: No. Starting October 1, 2006, Time Logs will no longer be required.

34. What changes will be made to ICWSIS to reflect the flexible spending and when does this occur?

ANSWER: Significant changes are forthcoming from the Financial workgroup.

35. For children under Protective Supervision on 10-1-06, will the checklist be required?

ANSWER: No, the IV-E Foster Care Initial Checklist is not required for children under Protective Supervision in their own homes.

36. In the FAQ section, questions 8 and 12, the answer for question 12 says "You cannot presume eligibility unless deprivation is met..." So, if deprivation is not met, do we presume that the child is "ineligible" and if so, does the same apply to income? If we presume ineligible, is that just for Medicaid? Does that mean that we can pay a IV-E board payment due to the waiver, and that the child's Medicaid is non IV-E?

ANSWER: The eligibility status is ONLY for Medicaid coding. There is NO impact on what the child is eligible for within child welfare anymore. There really is no longer a “IV E board payment”. Yes, you can pay a IV-E board payment for a child in licensed care.

37. The reason for the inclusion of the income/family size chart was confusing. It was great to have it, but do we use this for determining IV-E eligibility at shelter? Do we use it to determine Medicaid eligibility? Is this there in case the child is available for adoption? For reconstruction if the "opt out" is used?

ANSWER: The income/family size chart is included as a guide for determining whether the child is presumptively eligible for IV-E FC. The presumptive eligibility allows the child to be coded as categorically eligible for Medicaid IV-E (MCFE). It was only intended to assist in the Medicaid eligibility process. You may use the guide when determining IV-E foster care eligibility at the time the child is placed in an adoptive home and for reconstruction purposes, if necessary.

38. There is still some confusion about "Presumptive Eligibility". Could you spell out exactly what makes a child eligible, and even more importantly, what makes the child Non-IV-E eligible?

ANSWER: Don't over think the presumption. Collect the documents and put them in the file. That is the most important. If the case “seems” like an old school IV E case, then check the IV E eligible box. It ONLY matters for Medicaid coding and basic State reporting estimates.

39. Here is a specific example, and the answer to this might help us be sure. Let's say a child is removed from a household where both parents are working and their income exceeds CNS. The child has no income or assets. Is this child presumed IV-E eligible or ineligible (and perhaps some explanation of why or why not)?

ANSWER: This situation “seems” old school IV E ineligible, so mark the box of IV E ineligible. The child can still get non IV-E Medicaid (MCFN). Under the waiver, the child is now eligible for any and all child welfare services and funds, without regard to the removal circumstances.

40. If a child has a large trust fund, would this child be IV-E eligible or ineligible? Is Medicaid eligibility the same, as far as eligibility?

ANSWER: Same as would have been prior. If the child's trust fund is irrevocable, then the asset does not count against the eligibility.

41. On the form on page 8, can we have a signature page for Rev Max Specialist?

ANSWER: We are not making changes to the absent parent information page at this time. The absent parent information page is a part of the 2626a that is signed by the rev max specialist.

42. Is this training being done for CIC workers?

ANSWER: Yes, training is available for CIC workers.

43. Can we have the URL for the website?

ANSWER: <http://eww.dcf.state.fl.us/~fsp/newpages/ivewaiver.shtml>

44. What is built into this for annual growth for increase in population? I had heard 3% at one time, but I am not positive of that figure.

ANSWER: You are correct, 3% is built in for annual growth.

Tools



Child in Care Medicaid and Title IV-E Application

Date of Application: _____
District/Region/Zone: _____
CBC Agency: _____

Child's Name: _____

AKA: _____

DOB: _____ SS#: _____ If no SS#, date # applied for: _____

Place of Birth: _____ Gender: Male Female

Race: (Circle Code) **A** Asian/Pacific Islander **B** Black, not Hispanic **H** Hispanic **I** American Indian/Eskimo
SE Southeast Asian **T** Other **W** White, not Hispanic

Citizen: Yes No; *If child is not a citizen, is child a qualified non-citizen?* Yes No; *If child is a qualified non-citizen, list status and attach document verifying such status* _____

NOTE: The Declaration of Citizenship Form (CF-ES 2058) must be completed and attached.

Marital Status Never Married If other than "Never Married" indicate status: _____

Child Pregnant? Yes No If "Yes", expected date of delivery: _____

	Questions	Check &/or Write in Response	
1a.	Is the child in care as the result of a court ordered removal? If yes, Date of hearing: _____ Court Case #: _____ Date of child's removal: _____ If no, skip to Question 2a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1b.	Does the removal order contain a judicial finding that supports the concept that remaining in the home is "contrary to the welfare" of the child or that the removal is in the child's "best interest"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Type of Order: <input type="checkbox"/> Shelter/Detention Order <input type="checkbox"/> Disposition Order <input type="checkbox"/> Order for Modification of Placement <input type="checkbox"/> Other _____	<input type="checkbox"/> Order of Change of Custody <input type="checkbox"/> Delinquency <input type="checkbox"/> Voluntary Placement	
1c.	Does the same order contain a judicial finding regarding "reasonable efforts" to prevent the removal of the child from the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", was there another order issued within 60 days of removal with a finding of reasonable efforts to prevent removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date of Order: _____	Type of Order: _____	
2a.	Was the child removed as the result of a Voluntary Placement Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, is the Voluntary Placement Agreement signed by the parents (or legal guardians) and a representative of the Department? If "No", child is not IV-E eligible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2b.	If child has been in out of home care for more than 180 days, was a hearing held prior to the 180 th day that sanctioned the child's continued placement in out of home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2c.	If yes, list date of hearing: _____						
	Did the hearing result in a judicial finding to the effect that it is in the child's "best interest" to remain in out of home care?					Yes	No
3a.	Who was child removed from? _____ Relationship: _____ Removal Home Address: _____						
	____ Two Parents in the home		____ One Parent in the home		____ Parent(s) absent, other specified relative in the home		
	____ Parent(s) in home, one disabled, un/underemployed		____ Parent(s) deceased		____ Parent(s) absent, non-specified relative in the home		
3b.	Is child deprived of parental care/support? Explain: _____					Yes	No
3c.	Describe the circumstances that led to the removal of the child from his/her home (abuse, neglect, family conflict, etc): _____ _____						
3d.	Who was living in the child's home at the time of removal? List all members of the household.						
	Name	Relationship	DOB	SSN	Gender	Race	Citizenship
4a.	Has the child previously been removed from his/her home and placed in out of home care via a court order or voluntary placement agreement?					Yes	No
	Who was child previously removed from? _____ Relationship: _____ Address: _____ Street Address City _____ County _____ State _____						
4b.	If yes, did the previous removal episode end? If yes, when? _____					Yes	No
4c.	If yes, how did the removal episode end (i.e. was case closure achieved via reunification with a parent, adoption, long term placement with a relative or non-relative, etc.)? _____ Type of Court Order: _____ Date of Order: _____						
4d.	Note: If the child has had <u>more than one</u> previous removal episode, complete the additional removal history summary (page 6)						

Title IV-E Income Test for Removal Family and Child

5.	Total monthly income of the Parent(s) and Child:			
	Earned Income			
5a.	Father	Employer: _____ Address: _____ _____	# of hours worked per month: _____	Earnings per month: \$ _____
	Mother	Employer: _____ Address: _____ _____	# of hours worked per month: _____	Earnings per month: \$ _____
			Total Earned Income	\$ _____
	Unearned Income			
	Father	Source of Income: _____		Monthly Amount: \$ _____
	Mother	Source of Income: _____		Monthly Amount: \$ _____
5b.			Total Parental Income	\$ _____
5c.	Child's income:			
	Earned:		Source of Income:	Monthly Amount:
				\$ _____
	Unearned:		Source of Income:	Monthly Amount:
				\$ _____
5d.			Child's Total Income	\$ _____
5e.	Sibling(s)' income:		Source of Income:	Monthly Amount:
	Name: _____		_____	\$ _____
	Name: _____		Source of Income:	Monthly Amount:
	*Use additional sheets if necessary.		_____	\$ _____
5f.			TOTAL ASSISTANCE GROUP INCOME	\$ _____
5g.	Is the family's income less than the Consolidated Need Standard for the family size?		_____ Yes	_____ No
5h.	Is child's total income less than 185% of the standard foster care board rate? (Board rate x 1.85 = _____)		_____ Yes	_____ No

Third Party Benefits for the Child			
6a.	If the child receives 3 rd party benefits – SSI, SSA survivor/dependent benefits, VA benefits, etc. - has paying agency been notified of the child's shelter/foster care placement?	___ Yes	___ No ___ N/A
6b.	If "No", contact paying agency and make application for DCF/agency to become representative payee, as appropriate.		
6c.	If child does not already receive 3 rd party benefits, does his/her circumstances indicate that an application should be initiated?	___ Yes	___ No
6d.	If "Yes" to question 6c. contact the appropriate agency to initiate application process, if in child's best interest.		
	Date of Contact: _____ (if applicable)		

Family/Child Assets			
7a.	Does family have any assets?	___ Yes	___ No
	If "Yes", list type of asset, dollar value and financial institution type and name of person owning asset, when applicable:		
	Asset Type	Institution Name/Type	Value Name
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
7b.	Total assets for family:		\$ _____
7c.	Are family's total assets less than \$10,000?	___ Yes	___ No
8a.	Does child have his/her own assets?	___ Yes	___ No
	If "Yes", list type of asset, dollar value and financial institution type, when applicable:		
	Asset Type	Institution Name/Type	Value
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
8b.	Total assets for child:		\$ _____
8c.	Does child have a Trust Fund? (not referring to "Master Trust" Fund)	___ Yes	___ No
	If "Yes", what type of Trust Fund? _____ How were funds acquired? _____ Who is Trustee of the funds? _____ Are funds available to the child? ___ Yes ___ No; If "No", these funds should not be counted in child's total assets.		
8d.	Are total assets for child less than \$10,000?	___ Yes	___ No
9a.	Does the child meet the AFDC criteria that were in effect as of July 16, 1996 at the time of removal from the home?	___ Yes	___ No
	Note: This is specifically referencing the former AFDC program that was in effect prior to Welfare Reform. Therefore, if the child was removed from a "WAGES"/TANF eligible household, s/he is not automatically eligible for Title IV-E.		
9b.	Describe/summarize the "AFDC" criteria which makes the child potentially IV-E eligible:		

Child's Placement Information

10a	Is the child placed in a fully licensed out of home care setting? Date Placed: _____ Name: _____ Address: _____ Type Setting: _____	Yes _____	No _____
10b	Licensing Dates: Effective Date(of most recent license): _____ Expiration Date: _____		
10c	Monthly Board Rate: \$ _____		

Based on information gathered child is:

*** _____ Potentially Eligible _____ Potentially Ineligible?

Comments (use this section to provide further explanation as needed):

(Print) Name of Person Completing Form: _____

Signature of Person Completing Form: _____ Date: _____

Unit Mailing Address: _____

Unit Telephone #: _____ Unit Fax #: _____

Address Medicaid Card to be mailed to: _____

Date Form Sent to ESS CIC: _____

*** The Office of Economic Self-Sufficiency, Child in Care Staff, will make the determination of Title IV-E eligibility.

REMOVAL HISTORY SUMMARY (CONT.):

Has the child had more than one previous removal from his/her home and was he/she placed in out of home care via a court order of voluntary placement agreement?	___ Yes	___ No
Who was child previously removed from? _____ Relationship: _____ Address: _____ <div style="text-align: center;">Street Address</div> _____ City County State		
If yes, did the previous removal episode end? If yes, when? _____	___ Yes	___ No
If yes, how did the removal episode end (i.e. was case closure achieved via reunification with a parent, adoption, long term placement with a relative or non-relative, etc.)? _____ _____ Type of Court Order: _____		

Has the child had more than one previous removal from his/her home and was he/she placed in out of home care via a court order of voluntary placement agreement?	___ Yes	___ No
Who was child previously removed from? _____ Relationship: _____ Address: _____ <div style="text-align: center;">Street Address</div> _____ City County State		
If yes, did the previous removal episode end? If yes, when? _____	___ Yes	___ No
If yes, how did the removal episode end (i.e. was case closure achieved via reunification with a parent, adoption, long term placement with a relative or non-relative, etc.)? _____ _____ Type of Court Order: _____		

Has the child had more than one previous removal from his/her home and was he/she placed in out of home care via a court order of voluntary placement agreement?	___ Yes	___ No
Who was child previously removed from? _____ Relationship: _____ Address: _____ <div style="text-align: center;">Street Address</div> _____ City County State		
If yes, did the previous removal episode end? If yes, when? _____	___ Yes	___ No
If yes, how did the removal episode end (i.e. was case closure achieved via reunification with a parent, adoption, long term placement with a relative or non-relative, etc.)? _____ _____ Type of Court Order: _____		

**CHILD IN CARE
PARENT INFORMATION**

Child's Name: _____

Mother's Name: _____ **SSN:** _____

Date of Birth: _____ **Place of Birth:** _____

Alias: _____

Address: _____

Employer: _____ **Employer's Phone #:** _____

Employer Address: _____

Unearned Income: _____ **Source:** _____

Father's Name: _____ **SSN:** _____

Date of Birth: _____ **Place of Birth:** _____

Alias: _____

Address: _____

Employer: _____ **Employer's Phone #:** _____

Employer Address: _____

Unearned Income: _____ **Source:** _____

● Is paternity an issue for this child? _____ Yes _____ No
(Answer "Yes" if CSE needs to establish paternity for this child.)

● Does either parent have health/medical insurance? _____ Yes _____ No
If "Yes", Name of Insurance Carrier: _____

Address of Insurance Carrier: _____

Name of Policy holder: _____

Policy Number: _____

● Does the policy include the child? _____ Yes _____ No

● Were the parents ever married to each other? _____ Yes _____ No

If "Yes", date of marriage: _____ Place: _____

Instructions for Child in Care Medicaid and Title IV-E Application

Date of Application Enter date the form is being completed.
District/Region/Zone Enter all that apply.
CBC Agency Enter the name of the CBC agency, when applicable.

DEMOGRAPHICS

Child's Name Enter the child's full legal name; also enter "nicknames" and any other names used on the AKA line.
DOB Enter the child's date of birth.
SS# Enter the child's social security number. If not available, use a pseudo number (child's first initial, X, last initial and DOB - mmddyy)
If no SS#, date # applied for Enter date application for SSN submitted to the Social Security Administration for
Place of Birth Enter city and state of birth as listed on the birth certificate.
Gender Check male or female.
Race Code Circle child's race code.
Citizen Check "Yes" if child is a citizen; if not a citizen "Yes" if child is a qualified non-citizen; if a qualified non-citizen, list status and attach documentation of non-citizenship status.
Also complete and attached CF-ES 2058 - Declaration of Citizenship
Marital Status Check never married if child has never been married; otherwise indicate status - married, divorced, marriage annulled; additional comments may be made in the "Comments" section. If child was previously married and the marriage was annulled, attach documentation of annulment.
Child Pregnant Check appropriate box; if child is pregnant indicate expected date of delivery.

QUESTIONS

Judicial Requirements

1a. Court Ordered Removal Check appropriate response; if "Yes" enter date of hearing, Court Case # - from court order, date of removal from home. If "Yes", complete 1b. and 1c, draw line through questions 2a., 2b. and 2c. then skip to question 3.
If "No", skip to Question 2a.
1b. Contrary to the Welfare Check appropriate response; If "Yes", check type of order.
If "No" child is not IV-E eligible for current removal episode
1c. Reasonable Efforts Check appropriate response; if "No", indicate if RE finding was in another order issues within 60 days of removal. Indicate date and type of order.
If "No", to both, child is not IV-E eligible for current removal episode.
2a. Voluntary Removal Respond to questions 2a. through 2c. only if child removed as result of a voluntary placement agreement; otherwise, draw a line through these questions. Check appropriate response; if "Yes" indicate if Voluntary Placement Agreement signed by parents or legal guardians and a representative of the Department of CBC agency; complete date signed by all parties. If "No" and if child was not removed judicially as indicated in 1a. above, child is not in a removal episode.

2b. Court Hearing Indicate whether child has been in out of home care for 180 days or more.
Check appropriate response regarding judicial finding.

2c. Date of Hearing If "Yes" list date of hearing that sanctions the continued removal of the child if "No", child is not Title IV-E eligible after the 180th day of this removal episode.

Removal Information

3a. Removal Home List who child was removed from - name and relationship.

Enter removal home address. Also indicate parental circumstances.

3b. Deprivation Indicate if child is deprived; and explain. If "No", child is not eligible for current removal episode.

3c. Removal circumstances Describe home situation that led to child's removal.

3d. Household Information List individuals living in the home at the time of the child's removal - name, relationship to child, DOB, SSN, Gender, Race and Citizenship status.

4a. Removal History **Note:** *This question is specifically referring to "removal episodes", not "placements" within a removal episode.*

Indicate if child has previously been removed and placed in out of home care.

If "Yes" enter name of person child removed from, relationship to child and the removal address - street address, city, county and state.

4b. Removal History (cont.) If child previously removed, check "Yes" if removal episode ended; and if applicable enter date the previous removal episode ended. If "No", child is still in a removal episode and IV-E eligibility will be based on that removal episode.

4c. Removal History (cont.) Explain how the previous removal episode ended - reunification, adoption, etc. Enter type of order that ended removal episode. Enter date of order.

4d. Removal History (cont.) If child has had more than one previous removal episode, complete page 6 (make additional copies of the page, if necessary)

Family Income: **Note:** *Parental Income is to be entered only if child was removed from one or both parents.*

5a. Earned Income Enter earned income information for parent(s) in the removal home - Employer's name and address, # of hours worked per month, total earned income for the month.

Enter total earned income for the parent(s)

Unearned Income Enter unearned income information for parent(s) in the removal home - source and amount of income per month.

Enter total unearned income for the parent(s)

5b. Total Parental Income Enter total amount of earned and unearned parental income.

5c. Child's Income Enter amounts for child's income - earned, unearned and source of income.

5d. Total Income for Child Enter the total amount of income for the child.

5e. Income for siblings Enter income information for siblings in the home.

5f. Total Income for Assistance Group Add totals from 5b, 5d, and 5e – enter amount.

- 5g. Total income less than Consolidated Need Standard (CNS)? Indicate if assistance group income is less than the CNS for the family size.
- 5h. Child's total income less than 185% of Foster Care Board Rate? Indicate if the child's income is less than 185% of the standard board rate.
- 6a. Third Party Benefits for the Child: Indicate if the agency paying third party benefits have been notified of the child's placement in out of home care. Check "N/A" if the child does not receive 3rd party benefits.
- 6b. Notification If "No" to question 6a. the paying agency must be notified so that the department or the CBC agency can make application to become representative payee of the child's 3rd party benefits.
- 6c. Third Party Benefits Application If the child is not receiving 3rd party benefits, does his/her circumstances indicate that an application should be made – circumstances include child having a disability, parents deceased or parent(s) receiving 3rd party benefits due to a disability, retirement, etc.
- 6d. Third Party Benefits Application If "Yes" to question 6c. contact should be made to the appropriate agency to initiate an application for 3rd party benefits. Enter date of contact, when applicable.

Family Assets

- 7a. Family Assets Indicate if family, including child, has assets; if "Yes", list all assets and value.
- 7b. Total assets Indicate total assets for family.
- 7c. Assets below \$10,000 Indicate if total family assets are less than \$10,000.
If "No", child may not be Title IV-E eligible for this removal episode. The CIC staff will make final determination.

Child's Assets

- 8a. Child's assets Indicate if child has his/her own assets.
If "Yes", list type(s) and value
- 8b.. Total assets Indicate if child's total countable assets are less than \$10,000.
If "No", child may not be Title IV-E eligible for this removal episode. The CIC staff will make final determination.
- 8c. Trust fund, other than a Master Trust fund account? Indicate if child has a Trust Fund. (not referring to the Master Trust)
If "Yes", list type of trust fund.
Indicate how funds were acquired and who is the trustee of the trust account.
- 8d. Assets below \$10,000 Indicate if the child's total assets are less than \$10,000. If no, child may not be IV-E eligible for this removal episode. The CIC staff will make the final determination.

AFDC Criteria

- 9a. 1996 AFDC criteria Indicate if child meets the 1996 AFDC criteria.
- 9b. Summarize the AFDC factors that make the child potentially IV-E eligible – deprivation, financial need, specified relationship.

Placement

- 10a. Fully licensed placement? Indicate if child's placement is fully licensed, date child was placed in home/facility, name and address of foster parents/facility and type of setting.
If home/facility is not fully licensed, child's cost of care is not IV-E reimbursable in this placement.
- 10b. Dates of licensure? List licensing dates.
- 10c. Monthly board rate? Enter monthly board rate being paid for child.

Potential Eligibility?

Indicate if child is potentially IV-E eligible
ESS/CIC will make the eligibility determination based on information on 2626a.

Comments

. Use this section to provide additional information/explanations if necessary. Also use this section to indicate what steps can be taken or what other documentation can be obtained and provided to determine IV-E eligibility for the child.

CW/CBC Information

Enter name of person completing form, sign and date; enter mailing address, telephone and facsimile numbers; mailing address for Medicaid card.
Enter date that completed form is forwarded to ESS/CIC.

Removal History Continued, if applicable

Enter removal history information for each previous removal episode.
Refer to instructions for questions 4a. through 4d.

ABSENT PARENT INFORMATION

Complete the parent information for each of the child's parents for Child Support Enforcement purposes.



DECLARATION OF UNITED STATES CITIZENSHIP/ QUALIFIED NON-CITIZEN STATUS

I certify, under penalty of perjury, by signing my name below, that I am a United States Citizen or Qualified Non-Citizen Immigration Status. (Adult household members must sign the statement for members under 18 years of age. In the absence of an adult household member, the applicant may sign for non-adults.)

ADULT HOUSEHOLD MEMBERS

Name (Print)	Signature	Date	Check One	
			Citizen	Qualified Non-Citizen
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____

CHILDREN HOUSEHOLD MEMBERS

Name (Print)	Signature	Date	Check One	
			Citizen	Qualified Non-Citizen
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____
			<input type="checkbox"/> *Verified by: _____	<input type="checkbox"/> INS FORM: _____

A copy of the document used to verify US Citizenship of Qualified Non-Citizen Status must be in the child's case file, unless the parent or guardian makes the declaration by signing and dating this form.

* Indicate document used to verify US Citizenship: **BC** - Birth Certificate; **BVS** - Birth Verification Screen; **BR** - Birth Record/Hospital; **BTC** - Baptismal Certificate; **USP** - U.S. Passport; Other: _____

*The INS document used to verify Qualified Non-Citizen status must be listed. (Refer to Qualified Non-citizen status documentation requirements.)

Signature of parent or legal guardian: _____
Date: _____

Witness signature if anyone signs with an "X": _____
Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Signature: _____ Date: _____