

Title IV-E Eligibility

Session A
October 2019

Session A Agenda

Introduction

DCF Funding Sources, Title IV-E Funding, and DCF Initiatives

Data Documentation

Documenting AFDC Technical and Financial Data and Judicial Data in FSFN

Data Collection

Collecting AFDC Technical and Financial Data and Judicial Data

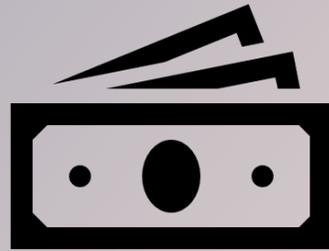
Medicaid

Temporary Absence

Session A Objectives

After this session, you will be able to:

- Differentiate the DCF Child Welfare primary funding sources.
- Describe Title IV-E funding.
- Identify the Path Forward Initiative.
- Collect data accurately on the following:
 - AFDC Technical Data: Residency, Citizenship, Specified Relative, Age, and Deprivation.
 - AFDC Financial Data: Income and Assets.
 - Judicial Data: Contrary to Welfare or Best Interest Language, Reasonable Efforts to Prevent Removal, Placement and Care Responsibility, and Reasonable Efforts to Finalize Permanency Plan.
- Document AFDC technical and financial data and judicial data in FSFN.
- Explain Medicaid Temporary Absence policy implementation.



Child Welfare Funding Sources

Primary Funding Sources

FEDERAL



Title IV-E
Title IV-A (TANF)

STATE



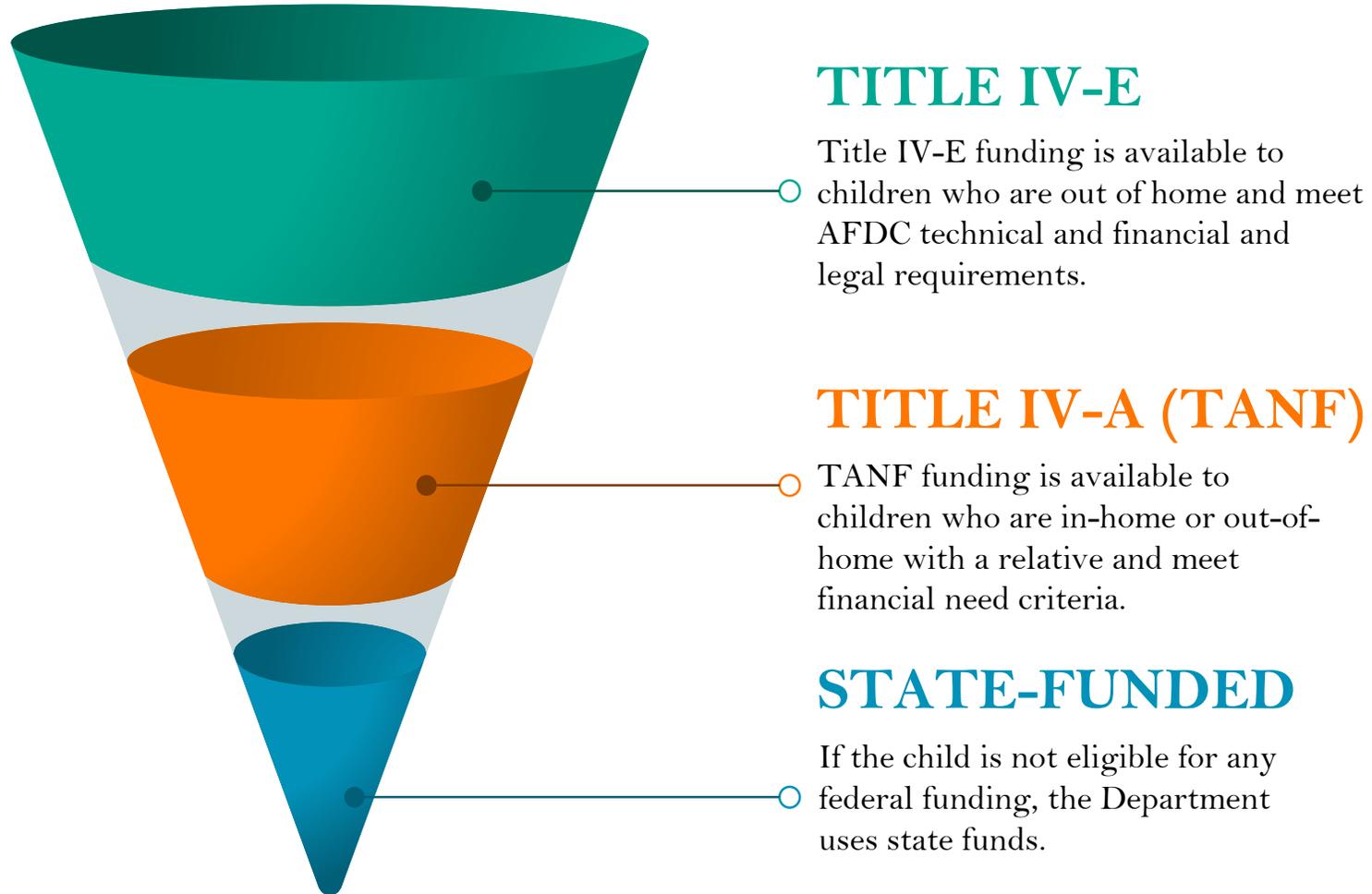
Trust Funds
General Revenue

LOCAL



Local Match

Preferred Order of Funding





Title IV-E Funding

Title IV-E Waiver

- **Title IV-E Waiver** allowed the Department to waive “eligible child” and “reimbursable placement” requirements so that Title IV-E funding could be spent for any child welfare purposes.
- In exchange, the Department agreed to a capped allocation with annual automatic increases plus “triggers” to adjust the allocation if actual levels significantly exceeded the estimates.
- Exempt from federal audit.
- The Title IV-E Waiver expired on September 30, 2019.

Title IV-E Waiver

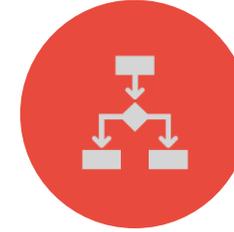
- As a result of the waiver expiration, the Department implemented the “**Path Forward Initiative**” to replace approximately \$90 million in revenue for CBC services to families.
- Before the waiver expiration, approximately 42% of the \$188 million waiver funds were spent on non-IV-E eligible services (42% of \$188m = \$80m).
- Outdated cost allocation practices and a reduced IV-E eligibility rate since the waiver began caused \$10 million reductions in federal revenue.

Path Forward Initiative

- Title IV-E Extension of Foster Care (EFC) and Extension of Maintenance Adoption Subsidy (EMAS) – **eliminates \$7 million deficit in Independent Living**
- Expansion of Family Foster Home Licensing (Level 1 Foster Homes), Guardianship Assistance Program (GAP), and Extension of Guardianship Assistance Program (EGAP) – **about \$20 million**
- Title IV-E Eligibility Rate Improvement – **about \$10 million**
 - Children’s Bureau Technical Assistance, Contracted Projects, and FSFN Enhancements
- State Candidacy – **about \$40 million**
- Remaining **\$20 million gap** will be requested through legislative session as recurring general revenue.

Title IV-E Categories

Foster Care Maintenance
and Extended Foster Care
Maintenance Payments



Administrative Costs

Maintenance Adoption Subsidy
and Extended Maintenance
Adoption Subsidy



**TITLE
IV-E**



Training

Guardianship Assistance Program
and Extended Guardianship
Assistance Program Payments



CCWIS

Traditional Title IV-E Foster Care Claiming

Post-waiver, the Department **CAN** claim Title IV-E funding for foster care room, board, and administrative costs (i.e., case management and related functions) for the following:

- Children who meet all judicial and AFDC technical and financial requirements.
- Children who are placed in licensed care.
- Children who are placed with a relative in the process of being licensed (Admin Claiming)

Post-waiver, the Department **CANNOT** claim Title IV-E foster care funding for:

- Children who remain with their parents, including those who have been reunified.
- Children who are placed in unlicensed settings (i.e., relative).
- Social services (e.g., mental health assessment, parenting).

Title IV-E Foster Care Basic Requirements



An eligible child must meet:

- Certain removal and judicial standards.
- AFDC technical and financial standards.



A reimbursable placement must be a:

- Licensed family foster home.
- Licensed childcare institution (group home).

Common Barriers to IV-E Claims



AFDC

- Proper identification of the removal home
- Lack of financial information for removal home



Judicial

- Lack of judicial findings
- Pick up/take into custody orders and orders from delinquency court



Licensing & Safety Requirements

- Lapse in background screenings and licensure

Title IV-E Eligibility Enhancements

- Focuses on clarifying current policies, practices, and documentation in FSFN to comply with Federal Title IV-E standards.

- Aims to:
 - Determine Title IV-E eligibility accurately for each child.
 - Claim Title IV-E funding for eligible children and reimbursable services.
 - Determine and redetermine eligibility efficiently.
 - Maximize Title IV-E utilization.

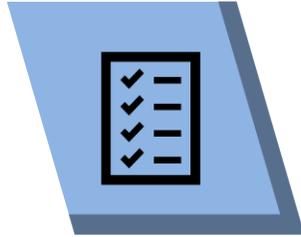
FSFN Deployment Dates



FSFN Release 1 → Fall 2019

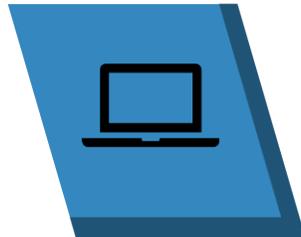
FSFN Release 2 → Spring 2020

Structure of Training



Collect Data

Collecting AFDC Technical and Financial Data and Judicial Data



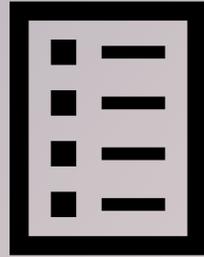
Document Data

Documenting AFDC Technical and Financial Data and Judicial Data



Determine Eligibility

Determining Eligibility Based on AFDC Technical and Financial Data and Judicial Data



Required Data Collection

Title IV-E Eligibility Requirements

Title IV-E Eligibility determinations (including approval) must be made within 30 calendar days from the removal date.



AFDC Technical Data Collection

Residency



Citizenship



Specified
Relative



Age



Deprivation



Residency

Residency



Requirement	Acceptable Supporting Documentation
<ul style="list-style-type: none">▪ The child must reside or intend to reside in Florida.<ul style="list-style-type: none">• Families vacationing in Florida <u>DO NOT</u> meet the requirement.▪ There is no minimum time requirement for residency.	<ul style="list-style-type: none"><input type="checkbox"/> Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)<input type="checkbox"/> FSFN Case Notes<input type="checkbox"/> Family Functioning Assessment (FFA)<input type="checkbox"/> Court Order<input type="checkbox"/> Petition<input type="checkbox"/> FLORIDA Screens: AICI, AIIA

Citizenship

Citizenship



Requirement	Acceptable Supporting Documentation
<p>The child must be a U.S. Citizen or Qualified Non-citizen.</p>	<p>U.S. Citizens:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Naturalization certificate <input type="checkbox"/> FLORIDA Screens: AIIA, MNOV <input type="checkbox"/> SSA Records <input type="checkbox"/> Hospital Records <input type="checkbox"/> Declaration of Citizenship or Qualified Non-Citizen Status (Form CF-ES-2058)
<p>A qualified non-citizen's access to federal public benefits is restricted for five years beginning on the date of entry into the United States (except for Cuban and Haitian entrants).</p>	<p>Qualified Non-citizens:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents from the U.S. Citizen and Immigration Services (USCIS) <input type="checkbox"/> FLORIDA Screen: AICZ <input type="checkbox"/> Declaration of Citizenship or Qualified Non-Citizen Status (Form CF-ES-2058)

Specified Relative

Specified Relative



The legal father supersedes the birth father.

Requirement	Acceptable Supporting Documentation
<p>The child must have been removed from and living with a Specified Relative who is a parent or legal guardian. The Specified Relative must have a fifth degree of relationship to the child. Specified Relatives can be any relative by:</p> <ul style="list-style-type: none">• Blood (including half-blood)• Marriage• Adoption	<ul style="list-style-type: none"><input type="checkbox"/> Birth certificate<input type="checkbox"/> Hospital records<input type="checkbox"/> FFA<input type="checkbox"/> FSFN case notes<input type="checkbox"/> Petition<input type="checkbox"/> Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)<input type="checkbox"/> FLORIDA Screen: AIHH

Removal Types and Removal Episodes

Physical Removal

Physical Removal occurs when the child is taken from the removal home, or the person subject to the contrary to welfare finding leaves the home at the time of the court order or voluntary placement agreement.



Constructive Removal

Constructive Removal occurs when the child is living with a person other than the person subject to the contrary to welfare finding at the time the court order or voluntary placement.

Removal Episode

Removal Episode is the period of time that begins with the child's removal (physically, judicially, or voluntarily) and includes one or more subsequent placements in out-of-home care settings.

Age



Requirement	Acceptable Supporting Documentation
The child must be 17 or under.	<ul style="list-style-type: none"><input type="checkbox"/> Birth certificate<input type="checkbox"/> Vital statistics system information<input type="checkbox"/> Medical birth record<input type="checkbox"/> U.S. passport<input type="checkbox"/> Naturalization certificate<input type="checkbox"/> FLORIDA Screens: AIID, MNOV

Deprivation

Deprivation



A child or young adult living without the support and care of one or both parents due to

- One or both parents' continued absence from the home (death, separation, divorce, or incarceration).
- Incapacity.
- Unemployment or underemployment.

Acceptable Supporting Documentation

Death of a Parent

- Death Certificate
- FFA
- Petition/Court Order
- FLORIDA Screen: DEDT
- Newspaper Notice of Death with Death Certificate

Incapacity of Parent (Physical or Mental)

- Documents that show that at least one of the parents receives SSI
- Treatment reports containing diagnosis that shows the limited parental functioning due to disability
- FLORIDA Screens: AFMI

Unemployment or Underemployment Parent

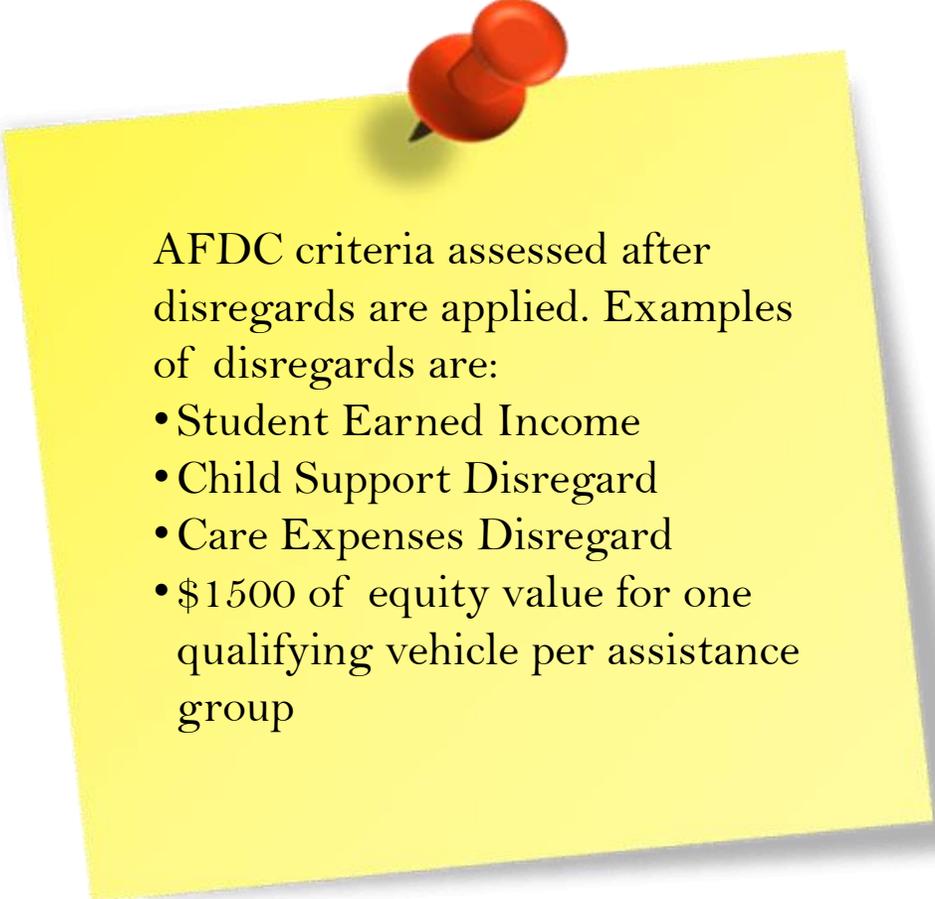
- Employment history documentation
- Note of SunTax information
- FLORIDA Screens: AFEI, DEUC

Title IV-E Eligibility Requirements



AFDC Criteria for Needy Child

The household must have less than \$10,000 in countable and accessible assets and income less than the Consolidated Need Standard (CNS) identified in 1996 AFDC State Plan.



AFDC criteria assessed after disregards are applied. Examples of disregards are:

- Student Earned Income
- Child Support Disregard
- Care Expenses Disregard
- \$1500 of equity value for one qualifying vehicle per assistance group

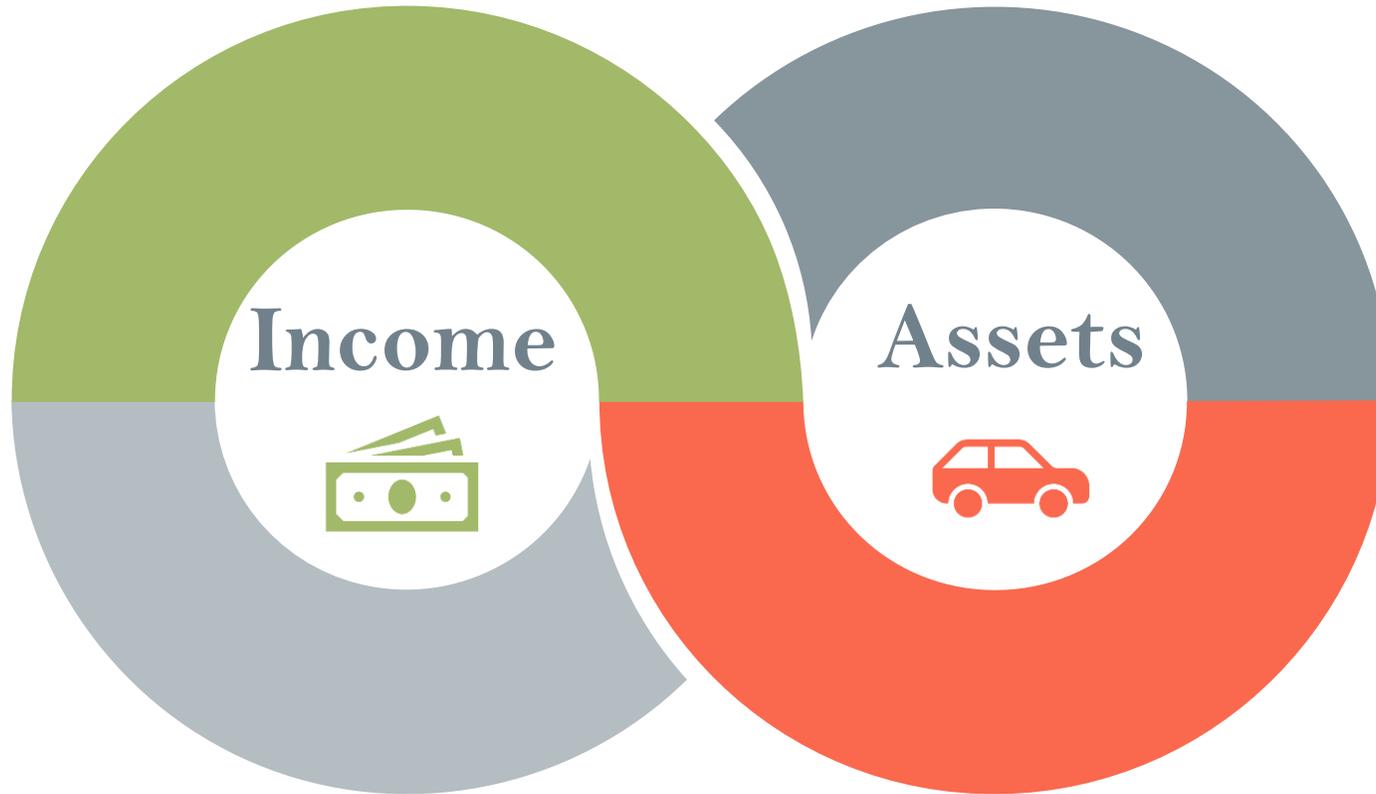
Household Members

Child Welfare Professionals must identify household members and collect income and assets for the following:

- Child
- Siblings (i.e., birth, legal, step, adoptive, or half-blood)
- Parents (i.e., birth, legal, or adoptive)
- Parent of a half-sibling and any other children of this parent
- Stepparents
- Grandparents if the parent is a minor
- Sponsor or sponsor spouse of the alien parent



AFDC Financial Data Collection



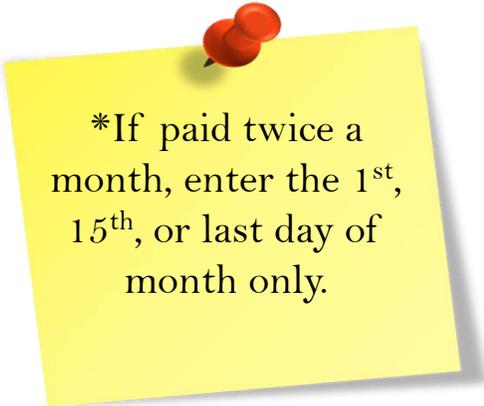
Income – Earned Income

- **Earned Income** includes all income and wages.
- **Common Earned Income Sources:** wages, gratuities/tips, commission, bonus, net profit from self-employment, including babysitting, farming, lawn care, selling newspapers.
- **Rare Earned Income Resources:** payments from the sale of blood or plasma, rental income when managing property.

Earned Income Data Collection

Required Employment Data

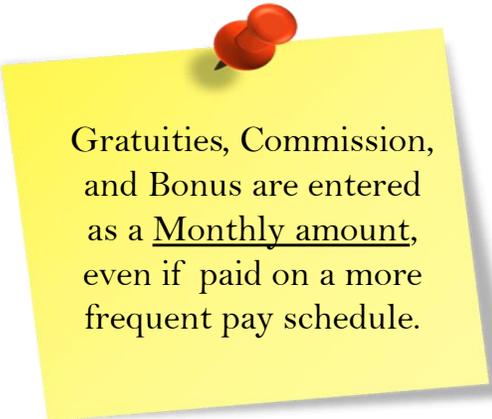
- Employer and Address
- Type (Full-time, Part-time, Seasonal, Training Program, Volunteer)
- Gross Income/Per (as actually received)
- Effective From – First date payment received*
- Effective To, if applicable – Last date payment received*
- Source of Verification and Date



*If paid twice a month, enter the 1st, 15th, or last day of month only.

New Enhanced Employment Data within FSFN

- Training Program
- Reduced Income Without Good Cause indicator with “As of” date field.
 - The date the reduced salary is received. Good Cause for reducing earned income can be severe illness of client or child or other household member, or lack of adequate childcare, transportation issues, advanced age, or attendance at a secondary/technical school.
- Gratuities, Commission, and Bonus indicator with Amount fields



Gratuities, Commission, and Bonus are entered as a Monthly amount, even if paid on a more frequent pay schedule.

Income – Unearned Income

- **Unearned Income** comes from other sources rather than from work.
- **Common Unearned Income Sources:** retirement, social security payments, unemployment compensation, veteran benefits, alimony, child support, gifts, and Adoption Subsidy.

Unearned Income Types

- Adoption Subsidy – Other State*
- Alimony Payments (Adult)**
- Annuities (Adult)
- Child Support Payments**
- Dividends (Adult)
- Family Gift*
- Gifts
- Inheritance*
- Interest
- IRAs*
- Keogh Plans*
- Military Allotments (Adult)
- Non-Relative Caregiver Program
- Pensions (Adult)
- Prizes and Awards
- Proceeds of life Insurance policies
- Relative Caregiver Program (TANF) (Adult)**
- Rental Income
- Retirement
- Royalties
- Severance Pay (Adult)
- Social Security Disability Benefits
- Social Security Retirement Benefits (Adult)
- Social Security Survivors Benefits
- Supplemental Security Income (SSI)
- Training Allowance
- Unemployment (Adult)
- Veterans Benefits
- Workers' Compensation (Adult)



Income – Unearned Income

Adoption Subsidy - Other State - previously labeled 'Adoptive Parent - Adoption Subsidy

- If this value was used need to review and update.

Family Gifts vs Gifts

- **Family Gift** used if gift is given to multiple family members. Manually distribute gift across family members.
- **Gift** used if the gift is given to the individual household member.

Unearned Income Calculation

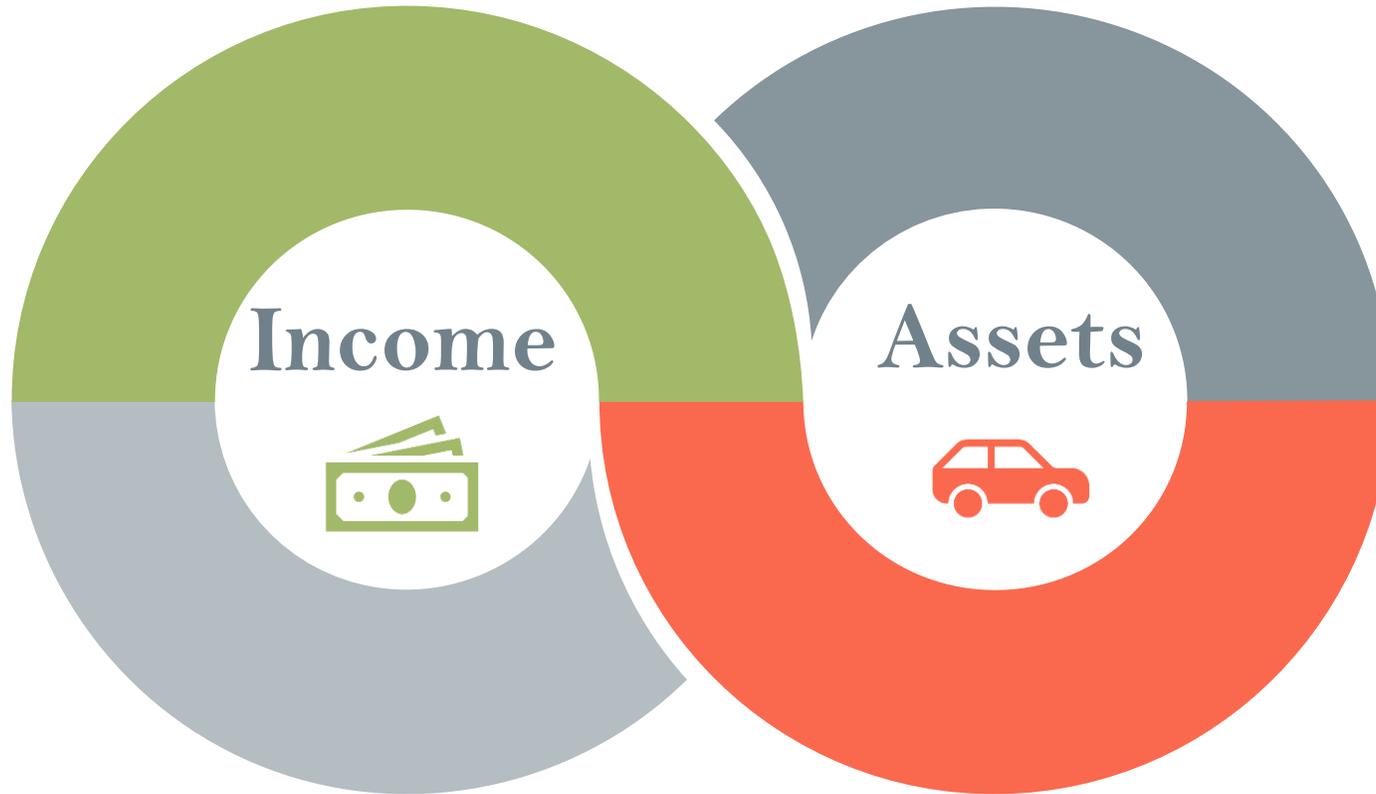
Calculation based on Monthly Amount

- Source of Verification and Verification Date
- Monthly Amount
- Effective Start date
- Effective End date, if applicable

Not Used in Eligibility Calculation

- Non-Relative Caregiver Program
- Relative Caregiver Program (TANF)(Adult)
- Training Allowance

AFDC Financial Data Requirements



Assets

- **Assets** are item of ownership that are convertible into cash. Count an asset only if it is available and legally accessible for conversion into cash.
- **Common Assets:** vehicles (automobile, camper, motor home, travel trailer), bonds, cash, checking account, savings account, business inventory, real estate
- **Uncommon Assets:** burial plots/spaces, funeral agreement
- **Good Faith Effort to Sell:** Real estate on the market up to nine months at a reasonable price

Asset Data Collection

- **Calculated based on Amount**
 - Amount
 - Effective Start Date

- **Calculated based on Equity Value**
 - Estimated Value (e.g., NADA)
 - Amount Owed
 - Effective Start Date



The Effective Start date is the 1st date of month in which the amount is applicable.

Asset Types

- Aircraft
- Automobile
- Bonds
- Burial Plots/Spaces
- Business inventory
- Campers
- Cash
- Certificate of Deposit
- Checking Account
- Convenience Bank Accounts
- Funeral Agreement*
- Inheritance (A)*
- IRAs
- Keogh Plans
- Life Insurance (Cash Value)
- Marine Vessel*
- Motor Homes
- Motorcycles
- Mutual Fund Shares
- Promissory Notes (Loan)
- Real Estate
- Real Property
- Savings Account
- Savings Bonds
- Stocks
- Travel Trailers
- Trucks
- Trust Account



Asset Types Calculated by Amount

- Aircraft

- Automobile

- **Bonds**

- Burial Plots/Spaces

- Business inventory

- Campers

- **Cash**

- Certificate of Deposit

- **Checking Account**

- **Convenience Bank Accounts**

- Funeral Agreement*

- **Inheritance (A)***

- IRAs

- Keogh Plans

- **Life Insurance (Cash Value)**

- Marine Vessel*

- Motor Homes

- Motorcycles

- **Mutual Fund Shares**

- **Promissory Notes (Loan)**

- Real Estate

- Real Property

- **Savings Account**

- **Savings Bonds**

- **Stocks**

- Travel Trailers

- Trucks

- **Trust Account**



***New FSFN
Values**

Asset Types Calculated by Equity

- Aircraft
- Automobile
- Bonds
- Burial Plots/Spaces
- Business inventory
- Campers
- Cash
- Certificate of Deposit
- Checking Account
- Convenience Bank Accounts
- Funeral Agreement*

- Inheritance (A)*
- IRAs
- Keogh Plans
- Life Insurance (Cash Value)
- Marine Vessel*
- Motor Homes
- Motorcycles
- Mutual Fund Shares
- Promissory Notes (Loan)
- Real Estate
- Real Property

- Savings Account
- Savings Bonds
- Stocks
- Travel Trailers
- Trucks
- Trust Account



Asset - Primary Homestead

- Child Welfare Professional should identify if an asset is the household member's primary homestead. Only one asset can be identified as the primary homestead.
- Primary homestead options include:



Real Estate



Campers



Travel Trailers



Motor Homes



Marine Vessel

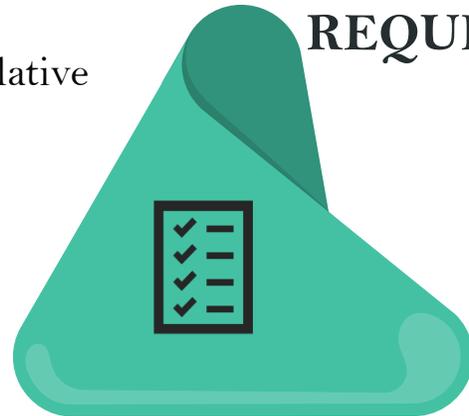
Supporting Documentation

- Pay Stubs
- Self-declaration documented in FSFN case notes or FFA
- FLORIDA Screens
 - Earned income – AFEI, AFSE, DESW, DENE
 - Unearned income – AFMI
 - Assets – IQAA, AALI, AAVH
 - Identification of sponsor – AISI
- SSI Documentation
 - Award letters from Social Security Administration
 - FLORIDA Screen: AFMI

Title IV-E Eligibility Requirements

● AFDC TECHNICAL

- ✓ Residency
- ✓ Citizenship
- ✓ Specified Relative
- ✓ Age
- ✓ Deprivation



● AFDC FINANCIAL

- ✓ Income
- ✓ Assets

TITLE IV-E REQUIREMENTS



● JUDICIAL

- ✓ Contrary to Welfare or Best Interest Language
- ✓ Reasonable Efforts to Prevent Removal
- ✓ Placement and Care Responsibility
- ✓ Reasonable Efforts to Finalize Permanency Plan

Judicial Data Requirements

-  **Contrary to Welfare or Best Interest Language** 
-  **Reasonable Efforts to Prevent Removal** 
-  **Placement and Care Responsibility** 
-  **Reasonable Efforts to Finalize Permanency Plan** 

Judicial Findings



- **Explicit**
Specific and definite
- **Child-specific**
On a case-by-case and specific to the child's circumstances
- **Valid**
Conforming to Florida's statutes/codes and DCF's policies
- **Timely**
Conforming the federal regulatory time frames
- **Clear and Concise**
Well-written and no-double meaning

Nunc Pro Tunc Orders & Magistrate Recommendation

Nunc Pro Tunc orders are **NOT** allowed for Title IV-E purposes. If the court order **does not include the required judicial determination**, check the transcript of the court proceedings to verify.

Recommendations by a Magistrate are **not valid judicial findings** until accepted by a judge.

Effective Date of Finding is the date of the hearing referenced in the order. If not indicated, the date the order is signed as Ordered and Adjudged.

Contrary to Welfare or Best Interest Language

- The first order that **sanctions removal** must include the language that remaining in the home is **contrary to the welfare of the child** or that placement in out of home care is in the **best interest of the child to remain with the subject of the allegations**.
- Pick up/Take into Custody orders and Delinquency orders may be considered the first order.
- Delinquency orders apply.
 - ✓ A finding that a child is a “threat to himself” satisfies the requirement.
 - ⊘ A finding that a child is a “threat to the community” does not satisfy the requirement.



Title IV-E Required Information in Petition or Order

- **Include the date** the child was removed.
- **Identify the parent(s)/specified relative** who is the contrary to welfare subject.
- **Identify the relationship** between the child and parent/specified relative who is the subject of contrary to welfare judicial determination.
- **Include the removal reasons.**

Contrary to Welfare Language Acceptable Examples

- The child has no parent, guardian, or legal custodian to provide care and supervision.
- The release of the child back to the home will present serious harm or threat to the child.
- The parent, guardian, or legal custodian is not willing to care for the child.
- Danger exists that the child will suffer serious abuse/neglect if not removed from the home.
- Conflict that exists cannot be resolved by delivery of services to the family if the child remains in the home.
- Remaining in the home would be detrimental to the welfare of the child.

Order – Acceptable Examples

Contrary to
Welfare language

9. **Contrary to Welfare:** In accordance with section 39.402(8)(h), placement of the child(ren) in shelter care is in the best interest of the child(ren). Continuation in the home is contrary to the welfare of the child(ren) because the home situation presents a substantial and immediate danger to the child(ren)'s physical, mental or emotional health or safety, which cannot be mitigated by the provision of preventive services and placement is necessary to protect the child(ren), as shown by the following facts:

The child(ren) was/were abused, abandoned, or neglected, or the child(ren) are suffering from or in imminent danger of injury or illness as a result of abuse, abandonment, or neglect. The specific findings in Paragraph 8 above are incorporated as though fully set forth herein and support the Court's finding that continuation in the home is contrary to the welfare of the child.

The parent or legal custodian has materially violated a condition of placement imposed by the court, specifically: _____

The child(ren) have no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, specifically: _____

10. **Cause of the Removal:** The conditions that led to the child(ren)'s out of home placement were caused by the Mother; Father; Mother and Father
JONES

Order – Acceptable Examples

8. Grounds for Removal/Need for Placement:

In accordance with section 39.402(8)(h), based on the allegations in the Shelter Petition, there is probable cause to believe the child(ren) are dependent based on allegations of abuse, abandonment, or neglect or substantial risk of same and available services will not eliminate the need for placement. The child(ren) are dependent, and shelter care is necessary and in the best interest of the child(ren) because:

The child was abused, abandoned, or neglected, or is in imminent danger of injury or illness as a result of abuse, abandonment, or neglect, within the meaning and intent of sections 39.01 (1), (2), (37), and (50). Present or impending danger threats exist within the household. The child is a vulnerable child. Insufficient protective capacities exist to manage the danger threats. All five sufficiency criteria required to implement an in-home safety plan cannot be met at this time and the specific grounds that support removal are as follows:

A PRIOR DEPENDENCY CASE WAS CLOSED 2 MONTHS AGO AFTER THE CHILDREN WERE REUNIFIED WITH MOTHER. MOTHER WAS NOT TO SUPERVISE JONES FATHER'S VEGETATION AND HAS AN INJUNCTION AGAINST HIM. MOTHER HAS ALLOWED THE JONES FATHER INTO THE HOME IN VIOLATION OF COURT ORDER AND MORE DOMESTIC VIOLENCE INCIDENTS HAVE OCCURRED.

The parent or legal custodian has materially violated a condition of placement imposed by the court, specifically: _____

The child(ren) have no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, specifically: _____

Language specific to the case is preferred for quality but not required



Contrary to Welfare – Unacceptable Examples

- The child's removal was pursuant to the intent of Chapter 39, F.S.
- The child was removed according to criteria provided by law.
- There is probable cause to believe the child is dependent.

Order – ~~U~~nacceptable Examples

10. **Contrary to Welfare:** In accordance with section 39.402(8)(h), placement of the Children in shelter care is in the best interest of the Children. Continuation in the home is contrary to the welfare of the Children because the home situation presents a substantial and immediate danger to the Children’s physical, mental or emotional health or safety, which cannot be mitigated by the provision of preventive services and placement is necessary to protect the Children, as shown by the following facts:

Acceptable despite missing specific language in order. Specific should be incorporated in Petition/Motion if not in Order.



- The Children were abused, abandoned, or neglected, or the Children are suffering from or in imminent danger of injury or illness as a result of abuse, abandonment, or neglect. The specific findings in Paragraph 8 above are incorporated as though fully set forth herein and support the Court’s finding that continuation in the home is contrary to the welfare of the Children.
- The parent or legal custodian has materially violated a condition of placement imposed by the court. The specific findings in Paragraph 8 above are incorporated as though fully set forth herein and support the Court’s finding that continuation in the home is contrary to the welfare of the Children.
- The Children has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care. The specific findings in Paragraph 8 above are incorporated as though fully set forth herein and support the Court’s finding that continuation in the home is contrary to the welfare of the Children.

11. **Cause of the Removal:** The conditions that led to the Children’s out of home placement were caused by the Mother; _____; _____.

Order – ~~U~~nacceptable Example

Acceptable despite missing specific language in order. Specific should be incorporated in Petition/Motion if not in Order.



9. Contrary to Welfare: In accordance with section 39.402(8)(h), placement of the child in shelter care is in the best interest of the child. Continuation in the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child's physical, mental or emotional health or safety, which cannot be mitigated by the provision of preventive services and placement is necessary to protect the child, as shown by the following facts:

(_) The child was abused, abandoned, or neglected, or the child is suffering from or in imminent danger of injury or illness as a result of abuse, abandonment, or neglect.

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The specific findings in Paragraph 8 above are incorporated as though fully set forth herein and support the Court's finding that continuation in the home is contrary to the welfare of the child.

(_) The parent or legal custodian has materially violated a condition of placement imposed by the court, specifically: [REDACTED]

(_) The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, specifically: The mother was incarcerated on 8/16/19 and was unable to arrange for care of the child.

10. Cause of the Removal: The conditions that led to the child's out of home placement were caused by the Mother; Father; Mother and Father.

Order – ~~Un~~acceptable Examples

ORDER ON EMERGENCY MOTION FOR TEMPORARY CUSTODY/PLACEMENT

THIS MATTER having come before the Court on the Motion of the Department of Children and Families, hereinafter known as Department, for Change of Custody/Placement and Adjudicating the Children Dependent, and the Court having reviewed the pleadings and being fully advised upon the premises finds:

1. The court has jurisdiction over the subject matter of this cause. The children are of an age subject to the jurisdiction of the court and are residents of the State of Florida.
2. On February 1, 2018, the children were adjudicated deponent.

Acceptable despite missing specific language in order. Specific should be incorporated in Petition/Motion if not in Order.



Out-of-Home Placement: It is in the best interests of the child to remain or be placed out of the parents' home. The child's placement is the least restrictive, is appropriate, is in a setting that is as family-like and as close to the parent's home as possible, is consistent with the child's best interest and special needs, and is designed to maintain stability in the child's educational placement.

Contrary to Welfare: Continuation of the child or returning the child to the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child which cannot be mitigated by the provision of the preventative services at this time because:

Reasonable Efforts:
The Department of Children and Families made the following reasonable efforts to prevent or eliminate the need to remove or continue the removal of the child from the home:

The out of home placement is:

XXX Foster Care with the Department. Diligent efforts were made by the Department of Children and Families to locate an adult relative or non-relative caregiver willing to care for the child in order to present that placement option to this Court instead of continued placement with the Department of Children and Families. There are no known available relative or non-relative caregivers with whom the child can be placed at this time. A copy of the formal notice regarding a trust promulgated for the benefit of certain classes of child in care in Florida is attached as a

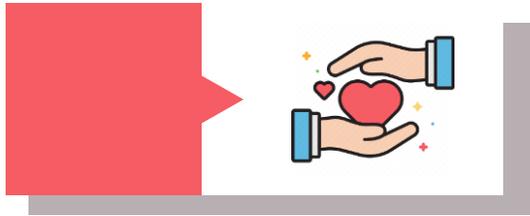
Reasonable Efforts to Prevent Removal

- **The Department has made reasonable efforts to prevent the unnecessary removal of the child.** Reasonable Efforts determination must occur **within 60 days from the date of removal.**
- Services provided (in place) at the time of removal could not have ensured the child's safety in the home.
- No reasonable efforts were required to prevent the removal or to reunify the family due to aggravated circumstances.



Placement and Care Responsibility

- The Department must obtain and maintain placement and care responsibility for the child for services to be Title IV-E reimbursable.
- This rule applies to all children who are placed in out of home care.
- However, the rule does not require the Department to have custody of the child.



Reasonable Efforts to Finalize Permanency Plan



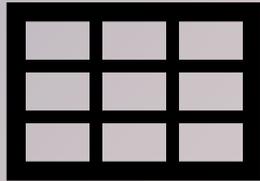
- To maintain reimbursable status, the court must make a judicial finding of “Reasonable Efforts to Finalize the Child’s Permanency Plan” (REFPP) within 12 months of the date the child entered foster care.
- Failure to obtain this judicial finding makes the child temporarily non-reimbursable for Title IV-E foster care.

Title IV-E Eligibility Requirements



Voluntary Removal

- **Voluntary Removal** is the removal of a child at the request of the parents or legal guardians without court involvement.
 - The Department must approve a financial need or deprivation of parental care and support at the time of the voluntary placement.
 - AFDC criteria must be met.
- **Voluntary Placement Agreement (VPA)** must be signed by parents or legal guardians and the Department representative.
- **Best Interest:** For continuation of IV-E eligibility, the court must determine that continuing in out of home placement is in the child's best interest within 180 days.



Data Documentation (CCWIS)

Data Documentation Overview

Accurate documentation of the following is important for a Title IV-E Eligibility

Determination:

- Out-of-Home Placement
- Address
- Age
- Citizenship
- Earned Income
- Unearned Income
- Assets
- Education Record
- Supporting Documentation
- Legal Record

Out-of-Home Placement

All Out-of-Home Placements document the start of a removal episode and trigger the need for a Title IV-E eligibility determination.

Manner of Removal drives whether Judicial or Voluntary requirements apply.

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Child: Starnell, Wesley (ID: 990000164 Age: 11 DOB: 04/12/2008) Case Name: Starnell, Mommy (ID: 990000041) Request Number:

Removal/Placement Provider Financial

Child Removal From Home

Removal Begin Date and Time: 09/04/2019 08:00 AM Removal End Date And Time: 00/00/0000 00:00 AM

Initial Removal Reasons

Manner of Removal: Court Ordered Primary Caregiver: STARNELL, MOMMY

Caregiver Structure: Single Female Secondary Caregiver:

Child Placement Information

Placement Begin Date and Time: 09/04/2019 08:00 AM Placement End Date and Time: 00/00/0000 00:00 AM

Placement Exception

This is an Adoptive Placement

Fiscal Agency: CBC of Brevard

Service Category: Relative

Service Type: Relative Placement

Placement Setting: Foster Family Home (Relative)

Is a Child Placement Agreement needed? Yes No

Voluntary Licensed Care Information

Voluntary Placement Agreement Date: 00/00/0000

Is this a Voluntary Medical Placement?

90 Day Voluntary Placement Review/Authorization completed

Extraordinary Needs - s.409.1676(2a)

Does the child meet criteria for extraordinary needs as described in s.409.1676(2a)?

If yes, has the child been assessed?

Did the assessment recommend residential group care?

If yes, is the child in residential group care?

If no, why?

Actions: Approval Placement Exception Reasons Removal / Placement Ending View Request Payment Activity

Text: Text Change in Placement Voluntary Placement Agreement Waiver Attachment-Over 5 Waiver Attachment-More than 2 under 2 Request for Foster Home Waiver

Save Close

A child removed from one parent and placed with the other parent is not an Out of Home Placement and is documented in FSFN as a Living Arrangement.

The parent **should not be created as a Provider in FSFN.**

Out-of-Home Placement

The Removal Home is the Primary Residence of the Primary Caregiver on the Out-of-Home Placement.

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Child: Starnell, Wesley (ID: 990000164 Age: 11 DOB: 04/12/2008) Case Name: Starnell, Mommy (ID: 990000041) Request Number:

Removal/Placement Provider Financial

Child Removal From Home

Removal Begin Date and Time: 09/04/2019 08:00 AM PM Removal End Date And Time: 00/00/0000 00:00 AM PM

[Initial Removal Reasons](#)

Caregiver Structure: Single Female Primary Caregiver: STARNELL, MOMMY Secondary Caregiver:

Child Placement Information

Placement Begin Date and Time: 09/04/2019 08:00 AM PM Placement End Date and Time: 00/00/0000 00:00 AM PM

Placement Exception This is an Adoptive Placement

Fiscal Agency: CBC of Brevard Service Category: Relative

Service Type: Relative Placement Placement Setting: Foster Family Home (Relative)

Voluntary Licensed Care Information

Voluntary Placement Agreement Date: 00/00/0000

Is this a Voluntary Medical Placement? 90 Day Voluntary Placement Review/Authorization completed

Is a Child Placement Agreement needed? Yes No

Extraordinary Needs - s.409.1676(2a)

Does the child meet criteria for extraordinary needs as described in s.409.1676(2a)?

If yes, has the child been assessed?

Did the assessment recommend residential group care?

If yes, is the child in residential group care?

If no, why?

Save Close

Actions:

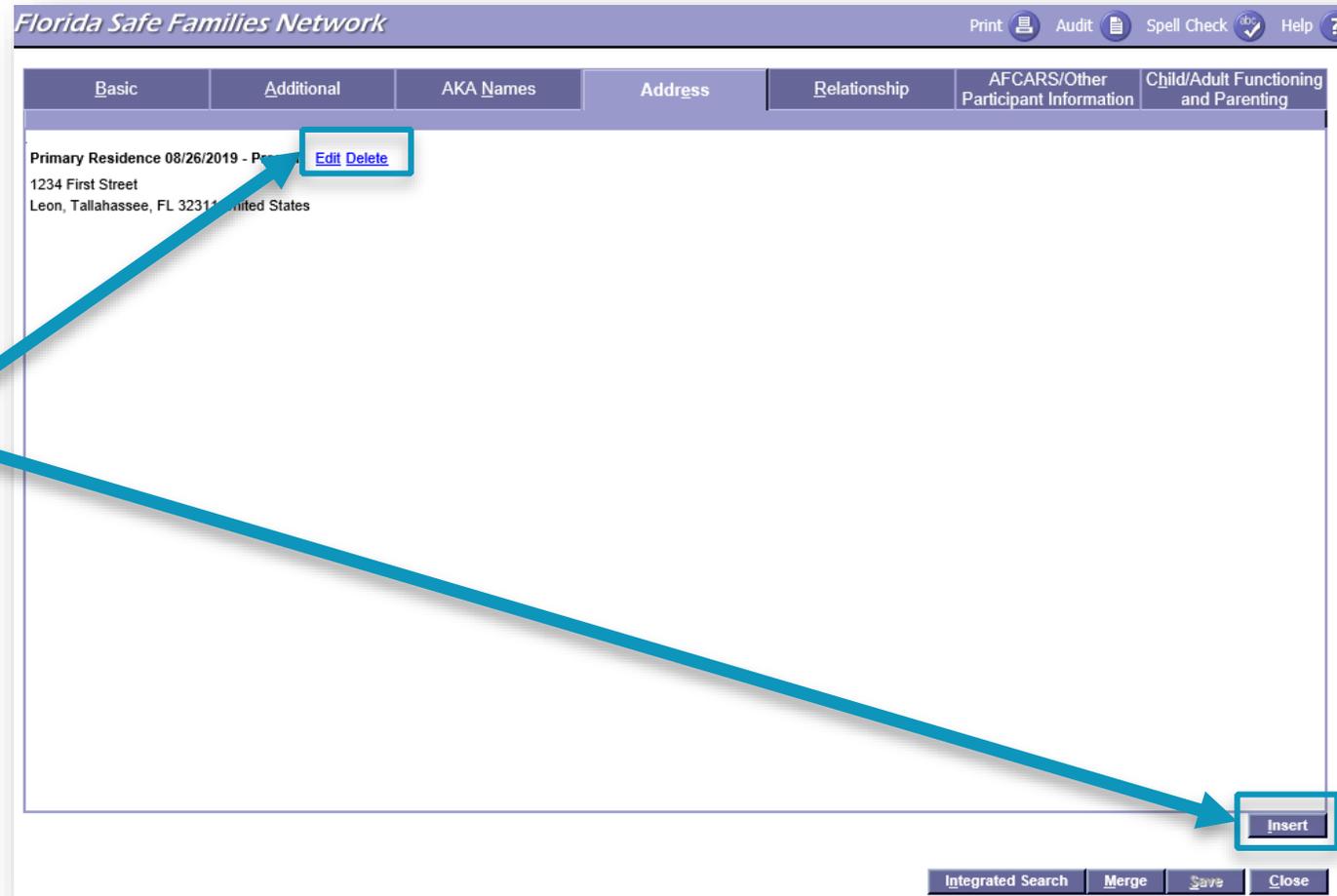
- [Approval](#)
- [Placement Exception Reasons](#)
- [Removal / Placement Ending](#)
- [View Request](#)
- [Payment Activity](#)

Text:

- [Text](#)
- [Change in Placement](#)
- [Voluntary Placement Agreement](#)
- [Waiver Attachment-Over 5](#)
- [Waiver Attachment-More than 2 under 2](#)
- [Request for Foster Home Waiver](#)

Primary Residence

The Primary Residence is documented on the Address Tab of the Primary Caregiver's Person Management page.



Edit the address by selecting the “**Edit**” button or create a new address by selecting the “**Insert**” button.

Primary Residence

Ensure the Address Type is Primary Residence.

Florida Safe Families Network Print Audit Spell Check Help

Address

Type: **Primary Residence** Street/PO Box/Route: **Street** Begin Date: **08/26/2019** End Date: **00/00/0000**

C/O:

Street: Unit Designator: Building:

PO Box:

Route:

FL City: County: **Leon** Non-Florida County:

City: State: **FL** ZIP: Country: **United States**

Comments:

Phone

Home: Work: Ext: Cell: Emergency Contact: Ext:

Fax: E-Mail:

Comments:

Save **Close**

Ensure the begin date is prior to the removal.

Age and Citizenship

Age and Citizenship is documented on the Basic Tab of the Person Management page.

Florida Safe Families Network

Print Audit Spell Check Help

Basic Additional AKA Names Address Relationship AFCARS/Other Participant Information Child/Adult Functioning and Parenting

Name
ID: 3718464 Last Name: Starnell Suffix: First Name: Andrew Middle Name:

Basic

Citizenship: Non-Citizen ID: If qualified non-citizen, indicate documentation supporting the status (e.g., I-551):
Country: Entry Date: 00/00/0000 Status: Status Date: 00/00/0000

Gender: Male Birth Date: 04/12/2008 Estimated Age: 7 SSN Number?: SSN: Date Applied For:

Type of Birth Verification: Birth Place: County: Sibling Group Id:

Death Date: 00/00/0000 Death Time: 00:00 AM PM Cause of Death:

Document the citizenship.

Enter the child's birth date to determine age.

Earned Income

Document the employment history.

Florida Safe Families Network Hand Book Print Audit Spell Check Help

General Information
Name: [Starnell, Mommy](#) Person ID: 990000122 Gender: Female Ethnicity:
SSN: Date of Birth: 11/22/2003 Race:

Assets/Liabilities and Unearned Income | **Employment** | **Credit Checks**

Employment History

Eff.From	Eff. To	Employer	Type	Gross Income	Per	# of Hrs/Wk	W2 in FSFN
----------	---------	----------	------	--------------	-----	-------------	------------

Employment Address
C/O: Street/PO Box/Route: Street: Unit Building:
PO Box: Route: County: Non-Florida City: State: Zip: Country:
Phone: Ext.:

Insurance/Benefits Received
 Retirement Plan Sick Leave Mentor Support System Mental Health
 Vacation Paid Leave Educational Support

Insert **Save** **Close**

Click on the "Insert" button to record employment.

Employment Entry

The **Effective From** date is the first day of the month in which the first payment was received.

Florida Safe Families Network Print  Audit  Spell Check  Help 

Employment History

Employer: Type: Gross Income: Per:

Effective From: Effective To: Number of Hours per Week: Reduced Income Without Good Cause As Of:

Self Employed Operating Costs: Gratuities Gratuity Amount: W2 on record

Commission Commission Amount: Bonus Bonus Amount:

Source of Verification: Verification Date:

Employment Address

C/O: Street/PO Box/Route:

Street: Unit Designator: Building:

PO Box: Route:

FL City: County: Non-Florida County:

City: State: Zip: Country:

Phone: Ext.: Reason Terminated:

Insurance/Benefits Received

Check Insurance benefits only if participant is actually receiving the benefit.

Retirement Plan Sick Leave Mentor Support System Mental Health

Vacation Paid Leave Educational Support

Enter 000 for unknown address.

Unearned Income or Assets

Document Assets/Liabilities and Unearned Income.

Florida Safe Families Network Hand Book Print Audit Spell Check Help

General Information
Name: [Starnell, Mommy](#) Person ID: 990000122 Gender: Female Ethnicity:
SSN: Date of Birth: 11/22/2003 Race:

Assets/Liabilities and Unearned Income Employment Credit Checks

Date Last Updated: 09/05/2019 Last Updated By: Hoztvi, Marc (200000 IS - SEGMENT MANAGEMENT)

Assets/Liabilities/Financial Benefit History

Type	Amount	Eff. Start Date	Eff. End Date	Liab.	Elig. Calc.		
<input checked="" type="checkbox"/> Automobile	\$1,000.00	07/01/2019	00/00/0000	N	Y	Edit	Delete

Vehicle
Make: TOYOTA Model: Year:
Est. Value: \$15,000.00 Estimated Value Unknown Amount Owed: \$14,000.00 Amount Owed Unknown
Equity Value: \$1,000.00 Ownership Start Date: 07/01/2019 Ownership End Date: 00/00/0000

Other Insurance
Name Policy Holder: Policy Limits/Value: Effective Start Date:
Type: Policy Number: Policy Limits/Value Unknown Effective End Date:

Assets/Liabilities/Financial Benefits
Type: Effective Start Date: Effective End Date:
Asset Info.: Amount: Amount Unknown
Estimated Value: Est. Value Unknown Amount Owed: Amount Owed Unknown
Equity Value: Account: Monthly Amount:

Insert **Save** **Close**



Click on "Insert" button to document assets and unearned income.

Unearned Income or Assets

Select Unearned
Income or Assets

Asset Type
Select: **Asset**
Unearned Income
Type: [dropdown] Primary Homestead Liability Use in Eligibility Calculations
Source of Verification: [dropdown] Verification Date: 00/00/0000

Assets/Liabilities/Financial Benefits
Account: [text] Amount: [text] Amount Unknown
Estimated Value: [text] Est. Value Unknown Amt. Owed: [text] Amt. Owed Unknown
Equity Value: [text] Asset Information: [text]
Monthly Amount: [text] Eff. Start Date: 00/00/0000 Eff. End Date: 00/00/0000
 Good Faith Effort to Sell From: 00/00/0000 To: 00/00/0000

Vehicle
Make: [dropdown] Model: [text] Year: [text] VIN Number: [text]
Estimated Value: [text] Est. Value Unknown Amt. Owed: [text] Amt. Owed Unknown
Equity Value: [text] Ownership Start Date: 00/00/0000 Ownership End Date: 00/00/0000

Other Insurance
Name: [text] Policy Holder: [text] Eff. Start Date: 00/00/0000
Address: [text] Eff. End Date: 00/00/0000
Type: [dropdown] Policy Number: [text] Monthly Amount: [text]
Policy Limits/Value: [text] Policy Limits/Value Unknown

Last Updated By: Hoztvi, Marc Date: 09/15/2019
Save **Close**

Unearned Income

Florida Safe Families Network Print Audit Spell Check Help

Asset Type
Select : **Unearned Income** Type: Primary Homestead Liability Use in Eligibility Calculations
Source of Verification : Verification Date:

Assets/Liabilities/Financial Benefits
Account: Amount Unknown
Estimated Value: Amt. Owed Unknown
Equity Value: Amt. Owed Unknown
Monthly Amount:
 Good Faith Effort to Sell From:

Vehicle
Make: Model: VIN Number:
Estimated Value: Amt. Owed Unknown
Equity Value: Ownership End Date:

Other Insurance
Name: Policy Number: Eff. Start Date:
Address: Eff. End Date:
Type: Monthly Amount:
Policy Limits/Value: Policy Limits/Value Unknown

Last Updated By: Hoztvi, Marc Date: 09/15/2019

Save **Close**

List of Unearned Income



- Adoption Subsidy - Other State
- Alimony Payments (Adult)
- Annuities (Adult)
- Child Support Payments
- Dividends (Adult)
- Family Gift
- Gift
- Inheritance
- Interest
- IRAs
- Keogh Plans
- Military Allotments (Adult)
- Non-Relative Caregiver Program
- Pensions (Adult)
- Prizes and Awards
- Proceeds of life Insurance policies
- Relative Caregiver Program (TANF) (Adult)
- Rental Income
- Retirement
- Royalties
- Severance Pay (Adult)
- Social Security Disability Benefits
- Social Security Retirement Benefits (Adult)
- Social Security Survivor Benefits
- Supplemental Security Income (SSI)
- Training Allowance
- Unemployment (Adult)
- Veterans Benefits
- Worker's Compensation

The effective start date is the '1st day of month payment received.

Unearned Income

Florida Safe Families Network

Asset Type

Select : Type : Primary Homestead Liability Use in Eligibility Calculations

Source of Verification : Verification Date:

Assets/Liabilities/Financial Benefits

Account: Amount: Amount Unknown

Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown

Equity Value: Asset Information:

Monthly Amount: Eff. Start Date: Eff. End Date:

Good Faith Effort to Sell From: To:

Vehicle

Make: Model: Year: VIN Number:

Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown

Equity Value: Ownership Start Date: Ownership End Date:

Other Insurance

Name: Policy Holder: Eff. Start Date:

Address: Eff. End Date:

Type: Policy Number: Monthly Amount:

Policy Limits/Value: Policy Limits/Value Unknown

Last Updated By: Wzimvoo, Kellie S Date: 09/16/2019

Save

Close

Required
Documentation
for Unearned
Income

'Proceeds of life
Insurance
policies'
documented as
Other Insurance.

Assets

Florida Safe Families Network

Print Audit Spell Check Help

Asset Type
Select: Asset Type: Primary Homestead Liability Use in Eligibility Calculations
Source of Verification: Verification Date: 00/00/0000

Assets/Liabilities/Financial Benefits
Account: Estimated Value: Equity Value: Monthly Amount: Good Faith Effort to Sell From: Amount Unknown
Owed: Amt. Owed Unknown
Eff. End Date: 00/00/0000

Vehicle
Make: Model: Year: VIN Number:
Estimated Value: Equity Value: Owed: Amt. Owed Unknown
Ownership End Date: 00/00/0000

Other Insurance
Name: Address: Type: Policy Number: Monthly Amount:
Eff. Start Date: 00/00/0000
Eff. End Date: 00/00/0000
Policy Limits/Value: Policy Limits/Value Unknown

Last Updated By: Hoztvi, Marc Date: 09/15/2019

Save Close

- Aircraft
- Automobile
- Bonds
- Burial Plots/Spaces
- Business inventory
- Campers
- Cash
- Certificate of Deposit
- Checking Account
- Convenience Bank Accounts
- Funeral Agreement
- Inheritance (A)
- IRAs
- Keogh Plans
- Life Insurance (Cash Value)
- Marine Vessel
- Motor Homes
- Motorcycles
- Mutual Fund Shares
- Promissory Notes (Loan)
- Real Estate
- Real Property
- Savings Account
- Savings Bonds
- Stocks
- Travel Trailers
- Truck
- Trust Account

List of Assets



Assets/Liabilities/Financial Benefits

Asset types that enable the Assets/Liabilities/Financial Benefits group box.

- Bonds
- Burial Plots/Spaces
- Business inventory
- Cash
- Certificate of Deposit
- Checking Account
- Convenience Bank Accounts
- Funeral Agreement
- Inheritance (A)
- IRAs
- Keogh Plans
- Mutual Fund Shares
- Promissory Notes (Loan)
- Real Estate
- Real Property
- Savings Account
- Savings Bonds
- Stocks
- Trust Account

Assets/Liabilities/Financial Benefits Types

Required Documentation for Assets, Liabilities, or Financial Benefits

Florida Safe Families Network

Asset Type
Select: Type: Primary Homestead Liability Use in Eligibility Calculations
Source of Verification: Verification Date:

Assets/Liabilities/Financial Benefits
Account: Amount: Amount Unknown
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Asset Information:
Monthly Amount: Eff. Start Date: Eff. End Date:
 Good Faith Effort to Sell From: To:

Vehicle
Make: Model: Year: VIN Number:
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Ownership Start Date: Ownership End Date:

Other Insurance
Name: Policy Holder: Eff. Start Date:
Address: Eff. End Date:
Type: Policy Number: Monthly Amount:
Policy Limits/Value: Policy Limits/Value Unknown

Last Updated By: Wzimvoo, Kellie S Date: 09/16/2019

Additional Fields

Florida Safe Families Network

Asset Type
Select : Type : Primary Homestead Liability Use in Eligibility Calculations
Source of Verification : Verification Date:

Assets/Liabilities/Financial Benefits
Account: Amount: Amount Unknown
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Asset Information:
Monthly Amount: Eff. Start Date: Eff. End Date:
 Good Faith Effort to Sell From: To:

Vehicle
Make: Model: Year: VIN Number:
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Ownership Start Date: Ownership End Date:

Other Insurance
Name: Policy Holder: Eff. Start Date:
Address: Eff. End Date:
Type: Policy Number: Monthly Amount:
Policy Limits/Value: Policy Limits/Value Unknown

Last Updated By: Wzimvoo, Kellie S Date: 09/16/2019

Good Faith
Effort to Sell

Primary
Homestead

Vehicle Types

Florida Safe Families Network

Asset Type

Select : Type : Primary Homestead Liability Use in Eligibility Calculations
Source of Verification : Verification Date:

Assets/Liabilities/Financial Benefits

Account: Amount: Amount Unknown
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Asset Information:
Monthly Amount: Eff. Start Date: Eff. End Date:
 Good Faith Effort to Sell From: To:

Vehicle

Make: Model: Year: VIN Number:
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Ownership Start Date: Ownership End Date:

Other Insurance

Name: Policy Holder: Eff. Start Date:
Address: Eff. End Date:
Type: Policy Number: Monthly Amount:
Policy Limits/Value: Policy Limits/Value Unknown

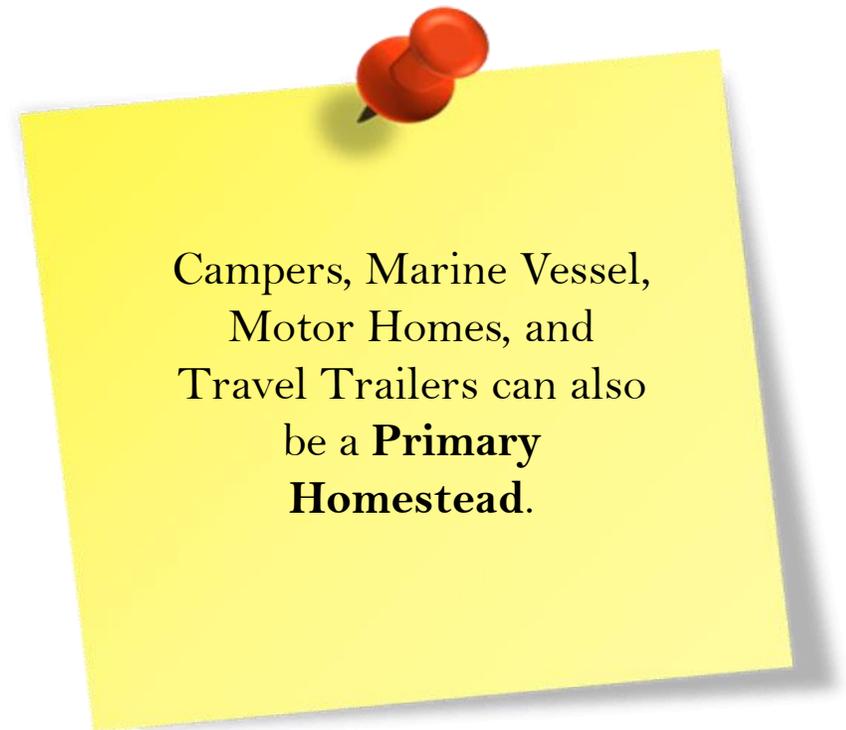
Last Updated By: Wzimvoo, Kellie S Date: 09/16/2019

Required
Documentation
for Vehicles

Vehicle Types

Asset types that enable the Vehicle group box:

- Aircraft
- Automobile
- Campers
- Marine Vessel
- Motor Homes
- Motorcycles
- Travel Trailer
- Trucks



Other Insurance

Asset and Unearned Income types that enable the Other Insurance group box:

- Asset – Life Insurance (Cash Value)
- Unearned Income – Proceeds of life Insurance Policies

Other Insurance

Florida Safe Families Network

Asset Type

Select : Type : Primary Homestead Liability Use in Eligibility Calculations
Source of Verification : Verification Date:

Assets/Liabilities/Financial Benefits

Account: Amount: Amount Unknown
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Asset Information:
Monthly Amount: Eff. Start Date: Eff. End Date:
 Good Faith Effort to Sell From: To:

Vehicle

Make: Model: Year: VIN Number:
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Ownership Start Date: Ownership End Date:

Other Insurance

Name: Policy Holder: Eff. Start Date:
Address: Eff. End Date:
Type: Policy Number: Monthly Amount:
Policy Limits/Value: Policy Limits/Value Unknown

Last Updated By: Wzimvoo, Kellie S Date: 09/16/2019

Required Documentation for Other Insurance

Monthly Amount will be used in calculations even though Policy Limits/Value is the required field.

Education

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Participant
Participant Name : [Starnell, Wesley](#) DOB: 04/12/2008 School District/County :
Last Updated By: Date Last Updated:

Education Information **Education History**

Exceptional Student Education (ESE)/Individualized Education Plan

Is the child an Exceptional Student Education (ESE) student? Yes No Copy of Individualized Education Plan in Record

Does the child have an Individualized Education Plan? Yes No Is the IEP a Transitional Individualized Education Plan (TIEP) for a young adult? Yes No

Date of the most recent Individualized Education Plan: Does the child have an education surrogate parent appointed to him/her either by the district superintendent or dependency court? Yes No

Date Current Individualized Education Plan Expires:

Exceptional Student Program(s)

ESE Program*	If Other, specify	Start Date*	End Date	Action

Diploma and Certificate Information

Education Record for each person under the age of 18 is required.



Education History

FSFN Print Audit Spell Check Help

Information

School Name:* Florida State University

School Address: 3300 Seminole Way
Tallahassee, FL

School Phone Number: (850)555-3333

School Type:* 4 year College or University

Program Type: Pst Secondary

Program:

School District/County:* Leon

Current Grade Level:* College Degree

School Start Date: 09/01/2019 School End Date: 00/00/0000

Number of Hours Currently Enrolled: 10 Total Credits Earned To Date: 0

Completion Status:

Contact Person:

Contact Phone Number:

Reason for change:

Continue Close

Enter number of hours currently enrolled.

Current Grade Level is important for accurate calculations.

Uploading Supporting Documentation

The screenshot shows the Florida Safe Families Network software interface. At the top, there is a navigation bar with the title "Florida Safe Families Network" and several utility icons: Hand Book, Print, Audit, Spell Check, and Help. Below the navigation bar, the main interface is divided into several sections. On the left, there is a "Create Case Items" section with a list of categories, each with a small icon and a dropdown arrow. The categories are: Administration, Adoption, Assessment and Planning, Child Placement Agreement, Education, Eligibility, Family Assessment, File Cabinet, Forms, Guardianship Assistance, Investigation, Legal, Medical/Mental Health, Meeting, MCR, Narrative, Placement/Services, Planning, Special Conditions Referral, and Youth/Young Adult. A blue arrow points from the "File Cabinet" category to the "Assets and Income" dropdown menu, which is highlighted with a blue box. To the right of the "Create Case Items" section, there is a "Cases" section with a text area containing the name "Starnell, Mommy". Below the "Cases" section, there is a "Case Participants" section with a list of names and dates. The list is titled "Hold down the 'Ctrl' key for multi-selection" and contains the following entries: Starnell, Mommy (990000122) 11/22/2003, Starnell, Jared (990000142) 04/12/2008, Starnell, Wesley (990000164) 04/12/2008, Starnell, Josh (990000165) 07/10/2009, Starnell, Veronica (990000167) 09/26/2000, Starnell, Max (990000176) 04/12/2008, Starnell, Marcie (990000177) 09/26/2000, Starnell, Cookie (990000178) 09/05/2001, Starnell, Jake (990000180) 04/12/2008, and Starnell, Drew (990000197) 01/07/2008. At the bottom right of the interface, there are two buttons: "Create" and "Close".

Upload supporting documentation to the file cabinet.

Create Case Work and select "Assets and Income".

Uploading Supporting Documentation

Hand Book Print Audit Spell Check Help

Participant Details

Case: Mommy Starnell
Case id: 990000041
Worker: Marc Hoztvi
Date Uploaded:

Participants

Mommy Starnell

Image Details

Date Document Scanned: 00/00/0000
Image Category: Assets and Income
Image Type: Bank Statement, Child Support, Economic Self Sufficiency Information, Employee Verification, Other, Pay Verification/Pay Stub, Social Security Benefits, W-2 Form
File Name:
Comments:

Save Close

Select the appropriate Image Type and attach the file.

Legal Record – Legal Action

Florida Safe Families Network Print Audit Spell Check Help

General Information

Case Participant: Starnell, Wesley Worker: Wzimvoo, Kellie S Last Updated By: Wzimvoo, Kellie S Date Updated: 09/05/2019 12:16 PM Device Type: FSFN

Legal Action Category: Standard Legal Action Initiated: Shelter Hearing - Initial Removal

Scheduled Date: 09/04/2019 09:00 AM Completed Date: 09/04/2019 09:00 AM County: Leon

Result: Granted Under Appeal Circuit: 2

Legal Action and Status **Tracking**

Continuance Information

Requested By: Granted

Reason for Request: Magistrate: Judge: Citizen Review Panel:

Original Scheduled Date: 00/00/0000 Actual Held Date: 00/00/0000

Next Scheduled Date: 00/00/0000

Applies To: Designated Tribal Agent:

Legal Case Status: Other Contact:

Legal Custody Status: CLS Attorney: Wzimvoo, Kellie S

Court Case Number(s)

Case Number(s)	
Number	Court

UCN(s)

County	Year	Letter	Court Case Number

Legal Action Initiated of Shelter Petition Filed and Shelter Hearing – Initial Removal and Shelter Hearing – Subsequent, along with the completed date, establishes the Date AFDC Applies

Legal Document

Florida Safe Families Network Hand Book Print Audit Spell Check Help

General Information

FSFN Case Name: Starnell, Mommy Worker Name: Wzimvoo, Kellie S

Document : Sua Sponte Order Order Date: 09/22/2019

Invs/Assessment Number: Dependency Case Manager:

Case Plan Worksheet ID

Judicial Review Worksheet ID

Legal Action: County: Leon Circuit: 2 Court Case Number(s): Tribal Contact: Other Contact: Magistrate: Judge: Citizen Review Panel:

Case Participant and Professional Contacts

Name	Document Applies To	Role
Starnell, Andrew	<input checked="" type="checkbox"/>	
Starnell, Mommy	<input checked="" type="checkbox"/>	Parent In The Home
Starnell, Jared	<input checked="" type="checkbox"/>	
Sponsor, Sammv	<input checked="" type="checkbox"/>	

Actions:

Text:

Save Close

Legal Document of **Sua Sponte Order**, along with the order date, establishes the Date AFDC Applies.

Other Legal Documents applied to a child are used to support the eligibility determinations and redeterminations.



Medicaid

Medicaid – Temporary Absence

Policy Implementation

- A removed child with a primary goal of reunification is considered on a temporary absence from the home.

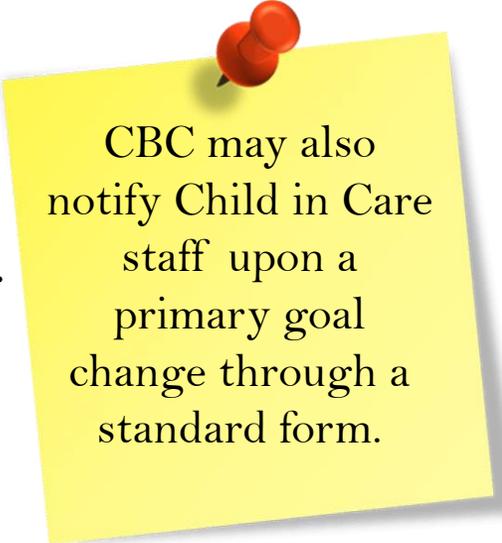
Implications

- **Parents on Medicaid with a removed child** will continue to maintain their Medicaid eligibility while the primary goal is reunification.
- **Parents not on Medicaid with a removed child** can apply for Medicaid indicating their child is on a temporary absence.

Medicaid – Temporary Absence

System Changes

- The ACCESS FLORIDA system has implemented changes to allow a child welfare child to remain in the parent's case at the time of the Child in Care creation.
- Changes were made to the initial application allowing parents to indicate their child is on a temporary absence at the time of application.
- DCF will automate notification of the primary goal change to ACCESS.



CBC may also notify Child in Care staff upon a primary goal change through a standard form.

Medicaid – Temporary Absence Job Aid

MEDICAID FOR PARENTS OF CHILDREN REMOVED BY DCF WHEN REUNIFICATION IS THE PRIMARY GOAL

APPLY ONLINE AT: [HTTPS://WWW.MYFLORIDA.COM/ACCESSFLORIDA/](https://www.myflorida.com/accessflorida/)

New language has been added to the medical assistance selection to include when a child has been removed and is in the care of the Department. A new option has also been added to report a change when a child has been removed by the Department.

PEOPLE IN YOUR HOME / CHILD REMOVED BY THE DEPARTMENT

Personal Information

*First Name Middle Initial *Last Name Suffix
<Click here to choose>

*Gender Male Female

*Date of birth (mm/dd/yyyy)

*What is this person's marital status? <Click here to choose>

*What is this person's living arrangement? <Click here to choose>

*Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.

Child Removed by the Department

* Date the child was removed by the Department(mm/dd/yyyy).
If you do not know the date the Department removed this child, enter your best estimate

Date the child returned(mm/dd/yyyy).

<Click here to choose>
<Click here to choose>
Home/Apartment/Trailer
Adult Congregate Living Facility (ACLF)
Adult Foster Home
Battered Woman Shelter
Boarder
Child of relative caregiver
Child removed by the Department
Drug Alcohol Treatment Center

APPLY FOR BENEFITS / REPORT MY CHANGES

Medical assistance for children, their parents or caretakers (including when a child is removed and is in the care of the Department), pregnant women and individuals who aged out of Florida foster care who are under age 26.
An application for medical assistance includes Medicaid (for children, their parents or caretakers, pregnant women), Florida KidCare Program (for children under 19 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 64 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability is administered by the Department of Banking and Finance.

Report My Changes

Please check the boxes for all the changes that you want to report.

Based on the benefits you are getting, here are the changes you must report:

- Your address, email or phone number has changed.
- Someone had a change in housing or utility.
- Someone had a change in dependent care, support payment, medical expense or Health Insurance.
- Someone had a change in income other than a job.
- Someone had a change in insurance, vehicle, real estate or business assets.
- Someone's assets have changed.
- Report other changes.
- Someone's personal information has changed.
- Someone moved into your home.
- Someone moved out of your home.
- Someone's relationship/tax information has changed in your home.
- Someone became pregnant.
- Someone had a change in disability status.
- Someone had a change in job, self-employment, income and/or work hours.
- Claim good cause for Food Assistance work requirements.
- A child was removed from the home by the Department, or a removed child has been returned.

On the "People in Your Home" page, a new living arrangement "Child removed by the Department" has been added. If selected, a new page will display that asks the date the child was removed and returned.

THE CHILD'S INFORMATION ON THE APPLICATION OR CHANGE MUST STILL BE ENTERED ACCURATELY INCLUDING ANY ASSETS OR INCOME THE CHILD RECEIVES.

Questions & Comments

HQW.FS.Eligibility.Redesign@myflfamilies.com