GEORGIA DEPARTMENT OF HUMAN SERVICES
Medicaid and IV-E Application for Foster Care and Adoption Assistance
This form is completed for each child entering foster care within five (5) working days of the child's placement.

Date 527 sent to Accounting: _____

Applicant Child's Name:_____ SSN: _____

DOB: _____ Gender: M F   Race: _____ US Citizenship: Y   N **Note: If not a U.S. Citizen, attach a copy of the INS documentation**

Child's Mother: _____ SSN: _____ Race: _____ DOB: _____

Address: _____ City, State, Zip: _____

Child's Father: _____ SSN: _____ Race: _____ DOB: _____

Address: _____ City, State, Zip: _____ ⬥ Legal father ⬥ Putative

Father _____

Parents are: ⬥ Married   ⬥ Never Married   ⬥ Separated   ⬥ Divorced   Has paternity been established? ⬥ Yes   ⬥ No

Has child support been ordered in the juvenile court? ? ⬥ Yes   ⬥ No   If YES, attach a copy of the order for OCSE.

MEDICAID INFORMATION: County: _____ Removal Date: _____ Prior Months MAO? ⬥ Yes ⬥ No **Month:** _____

1. **Does this child receive any income directly?** ⬥Yes ⬥ No   Is income Supplemental Social Security Income (SSI)? ⬥Yes ⬥ No
   If yes, indicate type, amount and frequency: $
   _____ $

2. **Does this child have any resources?** ⬥ Yes ⬥ No
   If yes, indicate type and amount: $
   _____ $

3. **Is the child pregnant?** ⬥ Yes ⬥No **Verified and documented?** ⬥ Yes ⬥No **Estimated Delivery Date:** _____

4. **Is the child covered by health insurance other than Medicaid?** ⬥ Yes ⬥ No
   If yes, name of insurance company: _____ Policy #: _____

   Name of insured:
   _____ Relationship to child: _____ Copy of card? ⬥ Yes ⬥ No

J JPPS/SSCM Signature _____ **Date:** _____

Printed name of JPPS/SSCM: _____ **Phone: (   ) _____ FAX: (   ) _____**

IV-E INFORMATION: **INITIAL COURT ORDER(S) FAXED:** ⬥ YES ⬥ NO

4a. List the name of the person with whom the child was living at removal: _____

 b. Is this parent specified relative* other? If specified relative or other, list relationship :
     a   ____ ____

 c. In the court order, from whom is custody removed? ____   _____

 d. Is the person named in 4c the same person as in 4a?   **Yes   No** If no, did the child live with the person in 4c within the 6
     months prior to removal from the home?   **Yes   No** If yes, list the months: _____
     *(For question 4b, specified relative is defined as a relative within the degree of relationship by 1996 AFDC policy)

List standard filing unit members in the removal home: _____ ____ ____ ____

Name	DOB	Relationship to child	Gender	Race	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. **Parental Deprivation** (for AFDC Relatedness) Circle all that apply and parent(s) involved:

Absence	Death	Incarceration	Disability/Incapacity	Unemployed Parent
Mother Father	Mother Father	Mother Father	Mother Father	Mother Father

6. **Is the child placed in an approved foster care or child caring institution?**   ⬥ Yes   ⬥ No
   Name and address of current placement: _____
   Relationship: _____   _____

7. **Legal Information:** Date of Juvenile Court complaint/petition, VPA, or VS signature date: _____
   Physical/Constructive removal date: _____ Date of court hearing: _____
   a. Circle order type: court order or VPA or VS   b. If VPA or VS, date of VPA/VS: _____
   c. Does initial court order contain "contrary to welfare/best interest" language? ⬥ Yes ⬥ No
   d. Was a court order that addresses "reasonable efforts to prevent removal" obtained within 60 days of child's removal? **(n/a to**
      Adoption Assistance) : ⬥ YES ⬥ No Date of court order or hearing: _____ _____

JPPS/SSCM Signature:

Date:

Printed name of JPPS/SSCM:

Phone Number: (   )