MEDICAID and IV-E Redetermination Form
GEORGIA DEPARTMENT OF HUMAN SERVICES

Child's Full Name: _____ Child's AU No. _____
Date of Birth: _____ Child's Medicaid No. _____
Date Child entered care: _____ Month Review Due: _____
Current Placement: _____

1. **If the child entered via a VPA:**
   Was a court order issued within 180 days of the child's placement containing the language "best interest/contrary to the welfare" for the child who initially entered foster care? ☐ Yes ☐ No Date of court order: _____
   Was the VPA signed by parent/legal guardian and agency representative? ☐ Yes ☐ No Date signed: _____

2. **If the child entered care on or after 03/27/2000 via a court order:**
   Did the initial removal order contain best interest/contrary to the welfare language?
   ☐ Yes ☐ No Date of court order: _____
   Was there a judicial determination with reasonable efforts to prevent removal or reasonable efforts were not required language obtained no later than 60 days from the date of removal?
   ☐ Yes ☐ No Date of court order: _____

3. **If the child entered care prior to 3/27/2000 via a court order:**
   Is there a subsequent order that contains best interest/contrary to the welfare language?
   ☐ Yes ☐ No Date of court order: _____

Note: if more than 6 months have elapsed from the initial court order without a court order with the BI/CTW Language, the child is not IV-E eligible.

Was there a judicial determination with reasonable effort to prevent removal language?
☐ Yes ☐ No Date of court order: _____
Was there a judicial determination with reasonable efforts were made to reunify child and family language?
☐ Yes ☐ No Date of court order: _____

4. **Regardless of date child entered care:**
   Has there been a judicial determination with reasonable efforts to finalize permanency plan language every 12 months since the child entered care?
   ☐ Yes ☐ No Date of court order: _____ _____ _____ _____

5. **Does DFCS continue to have legal responsibility for the child?** ☐ Yes ☐ No Date of court order: _____
   If yes, expiration date of current court order: _____
   If no, date relieved of custody: _____ Reason: _____

6. **Does deprivation continue to exist?** ☐ Yes ☐ No If yes, check types of deprivation and which parent:

ABSENT		DECEASED		DISABLED/INCAPACITATED		UNEMPLOYED		TPR/VOLUNTARY RELINQUISHMENT	
☐ Mother	☐ Father	☐ Mother	☐ Father	☐ Mother	☐ Father	☐ Mother	☐ Father	☐ Mother	☐ Father

If disabled/incapacitated or unemployed is checked, current medical information or employment information will be required.

Indicate any months deprivation did not exist by an **(X)**

01	02	03	04	05	06	07	08	09	10	11	12	N/A

Complete the following information — Mother / Father

Name: _____
SSN: _____
Current Address: _____
_____ _____
Employeror SourcesofIncome: _____ _____

7. **What is the child's monthly income?** **Source:**
   What is the cost of care by month (month/cost): _____/ _____/ _____/
   _____/ _____/ _____/

Indicate any months that income was greater than the cost of care by an **(X)**

01	02	03	04	05	06	07	08	09	10	11	12	N/A

Are there any changes to the child's resources? ☐ Yes ☐ No Value of Resources: _____
Describe changes: _____

8. **Were all the placements approved/licensed providers?** ☐ Yes ☐ No If no, list time frames the child was in a non-approved/ unlicensed placement:
   From (Month/Day/Year): _____ To Month/Day/Year): _____

JPPS/SSCM Signature: _____ Date: _____

JPPS/SSCM Printed Name: Phone:

Form 226 (R. 10/12) Original – Services Record Copy faxed to Rev Max MES