

# FEDERAL ELIGIBILITY CERTIFICATION FOR ADOPTION ASSISTANCE PROGRAM

Complete one copy and submit it to the  
Adoption Agency listed below.

TO:

CHILD'S BIRTH NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AFDC-FC, AFDC-FGU OR SSI CASE NO.	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program payments. Please provide the following information by checking all applicable boxes.

	YES	NO	VERIFICATION
1. The child is receiving Supplemental Security Income benefits (SSI/SSP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child listed on State Data Exchange (SDX) register - SSI/SSP case #: _____ <input type="checkbox"/> Other
2. The child is receiving federal AFDC-FC (Title IV-E foster care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child currently receiving federal AFDC-FC AFDC-FC case #: _____
a. In the month of filing the petition which led to the court order for removal of the child from his or her parent(s) or relative, the child met the linkage determination for federal AFDC-FC.	<input type="checkbox"/>	<input type="checkbox"/>	
b. The court order in Item 2a is still in effect, or was dismissed because the child was relinquished for adoption or freed from parental control by one or more parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copy of Form FC 3 attached
c. The child currently meets the income and property requirements for AFDC.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The child is receiving federal AFDC-FG or U.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child currently receiving federal AFDC-FG/U AFDC case #: _____
a. The child is living in the home of a caretaker relative as defined in EAS 82-808.11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relative's name(s) and relationship to child: _____
b. The child currently meets the income and property requirements for AFDC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copy of Form CA2, BCJA2, or substitute, attached.

**I certify that the above information is true to the best of my knowledge.**

SIGNATURE OF ELIGIBILITY WORKER	DATE	TELEPHONE NUMBER
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