ELIGIBILITY CERTIFICATION
ADOPTION ASSISTANCE PROGRAM

DISTRIBUTION:

Original : County Welfare Department
Copy : Agency File

CHILD'S ADOPTIVE NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AAP CASE NO.	

Barriers to Adoption: *(At least one statement must be true.)*

Adoptive placement without financial assistance is unlikely because of:

- ☐ Membership in a sibling group that should remain intact.
- ☐ Race, ethnicity, color or language. Specify: _____
- ☐ Age of 3 years or older (Date child became 3: ____/____/____)
- ☐ Parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child. Specify: _____
- ☐ The child's mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. A copy of this certification is in the adoption agency AAP case record.

  Disability: _____

  Professional certifying disability and date certified: _____

Search for non-subsidy placement: *(One statement must be true.)*

- ☐ The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance.

  Search efforts included: _____

  _____

  _____

- ☐ The search requirement was waived as remaining in this home is in the child's best interest because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.

  Date child began living with family: _____

Age: *(One statement must be true.)*

- ☐ The child is under 18 years of age. Date child will become 18: _____ or
- ☐ The child is under 21 years of age and has a mental or physical handicap which warrants the continuation of assistance.

  Date child will become 21: _____

Agency Supervision: *(Both statements must be true.)*

- ☐ The child is the subject of an agency adoption as defined in Section 8506 of the Family Code, and
- ☐ At the time of adoptive placement, the child was: (*One statement must be true.*)
  - ☐ Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency;

☐ Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency;
County providing certification:_____ Date of certification:_____ or

☐ Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code.

Family Responsibility: *(All statements must be true.)*

☐ The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption.
Date adoptive placement agreement signed:_____

☐ The child is receiving support from the adoptive parent.

☐ The California Department of Social Services or the licensed county adoption agency responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits.
Date Adoption Assistance Agreement signed:_____

FEDERAL ELIGIBILITY INFORMATION: *(Each statement may, or may not, be true.)*

We are providing the following information on the above-named child for the purpose of determining federal eligibility for Adoption Assistance Program payments. Verification of the following information is in our case record.

☐ 1. The child meets the eligibility requirements for Supplemental Security Income benefits (SSI/SSP).

☐ 2. The child meets one of the following eligibility requirements for federal AFDC-FC (Title IV-E foster care):

☐ a. In the month of 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; and
The court order is either still in effect, or dismissed because the child was relinquished for adoption or freed from parental control of one or more parents, or

☐ b. Child is voluntarily placed <u>and</u> receiving federal AFDC-FC.

☐ 3. The child meets the eligibility requirement for federal AFDC-FG or U and has been placed for adoption with the caretaker relative with whom the child has been living.

We have reviewed the income and property status of the child, and have determined that at the time the petition for adoption will be filed, the child either:

☐ Will have no income available and own no property.

☐ Will own property and/or have income available as listed below.

MONTHLY INCOME AVAILABLE		PROPERTY OWNED	
SOURCE	AMOUNT	TYPE OF PROPERTY	AMOUNT/VALUE
		PERSONAL PROPERTY CASH AND SECURITIES	
		OTHER PERSONAL PROPERTY (*SPECIFY*) a.	
		b.	
		REAL PROPERTY (*SPECIFY*)	

I certify that this case is eligible for the Adoption Assistance Program.

SIGNATURE OF AUTHORIZED OFFICIAL OF PUBLIC ADOPTION AGENCY	DATE
▶	

ADOPTION AGENCY NAME

ADOPTION AGENCY ADDRESS	ADOPTION AGENCY TELEPHONE NUMBER

SIGNATURE OF AUTHORIZED OFFICIAL OF COUNTY WELFARE DEPARTMENT	COUNTY NAME	DATE
▶		

COUNTY ELIGIBILITY WORKER USE ONLY

☐ Eligible for FFP.
Item No. 1 checked.

☐ Eligible for FFP.
Items No. 2, 2a and 2b checked and child meets income and property requirements.

☐ Eligible for FFP.
Item No. 3 checked and child meets income and property requirements.

☐ Not eligible for FFP.