

**APPENDIX A-1**  
**ELIGIBILITY FOR TITLE IV-E ADOPTION ASSISTANCE**  
**(For children in the guardianship and custody of voluntary authorized agencies)**

Child's Name: \_\_\_\_\_  
(Only first name is to be used)

Adoptive Parent(s) Name: \_\_\_\_\_

Agency's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

**Note: The child must meet all the criteria listed below to be eligible for Title IV-E adoption assistance.**

1. **AGE:** The child is under the age of 18, or if it is determined that the child has a mental or physical handicap which warrants the continuation of assistance, under the age of 21.

**Date of Birth:** \_\_\_\_\_

- NO** – Child is not eligible for Title IV-E adoption assistance. **(Go to number 4.)**  
 **YES** – Continue to **number 2**.

2. **SPECIAL NEEDS (sections a, b and c pertain to special needs criteria)**

The child has been determined to be a child with special needs prior to the finalization of the adoption as defined by Section 473 (c) of the Social Security Act.

**(a)** The State has determined that the child cannot be or should not be returned to the home of his/her parents.

**No** – Child is not eligible for Title IV-E adoption assistance **(Go to number 4)**

**Yes - If yes, because:**

• The child came into care as a result of a surrender  **Yes**  **No**

**or**

• The parents rights were individually terminated  **Yes**  **No**

**or**

• The parent(s) whose consent is required is deceased  **Yes**  **No**

**And**

**(b)** The child meets the criteria in 18 NYCRR 421.24 as handicapped.

**NO** – Child is not eligible for Title IV-E adoption assistance. **(Go to number 4.)**

**YES** – Continue to **section (c)**.

- (c) The State has determined that a reasonable, but unsuccessful, effort to place the child with appropriate parents without adoption subsidy has been made. The only exception to this requirement is when it would not be in the best interests of the child because of such factors as the existence of significant emotional ties with the prospective adoptive parent(s) while in the care of such parent(s) as a foster child.

This child has resided with foster parents and the child has significant emotional ties to the foster parents.

Date of placement with foster parents \_\_\_\_\_

- NO** – Child is not eligible for Title IV-E adoption assistance. **(Go to number 4.)**
- YES** – Continue to **number 3**.

### 3. FINANCIAL NEED

At the time the adoption petition is filed.

- (a)  The child is eligible to receive SSI benefits; **or**
- (b)  This is a subsequent adoption for the child and the child received Title IV-E adoption assistance in his/her previous adoption and the State has determined that the child continues to have special needs.
- No** – Child is not eligible for Title IV-E adoption assistance. **(Go to number 4.)**
- Yes** – Continue to **number 4**.

### 4. CHILD'S ELIGIBILITY

The child meets all the Title IV-E adoption assistance eligibility requirements.

- No** – Child is not eligible for Title IV-E adoption assistance.
- Yes** – Child has met all adoption assistance criteria listed above and is eligible for Title IV-E adoption assistance.

### NOTE: DATE OF AGREEMENT

The Adoption Subsidy Agreement must be signed by all parties on or prior to the final decree of adoption. Agreements executed after finalization are not eligible for Title IV-E adoption assistance payments. One exception is where a fair hearing determines that adoption assistance was wrongfully denied.

Date of Adoption Assistance Agreement: \_\_\_\_\_

Date of final decree of adoption: \_\_\_\_\_

(The dates requested above are to be recorded as soon as available.)

**Voluntary Agency Authorized Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_