



**TITLE IV-E REIMBURSABILITY**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 FOSTER CARE  
 SFN 870 (5-2006)

Name of Child	CCWIPS Case Number
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From (Month/Year) through

**I. LEGAL RESPONSIBILITY**

Did the agency have legal responsibility for the child during the entire review period?

- **Go to II.**

Months in which the agency did not have legal responsibility for the child

The child is not IV-E Reimbursable during these months. **Go to II.**

**II. REASONABLE EFFORTS**

Is there a current court order which states that reasonable efforts were made, or were not required to prevent the removal or a court order which states that reasonable efforts have been made to finalize the permanent plan?

- The child's placement is not reimbursable until a court order with an appropriate reasonable efforts statement is obtained. **Go to VIII.**

Date of Court order

**Go to III.**

**III. CONCURRENT RECEIPT OF SSI AND IV-E**

Did the child (or someone on the child's behalf) receive SSI benefits during the review period?

- **Go to IV.**

Months in which the child received SSI

The child's placement is not reimbursable in these months. **Go to IV.**

**IV. AGE**

Date of Birth	Age During Review Period
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Is the child 18 or over in the review period?

- **Go to V.**

- Is the child expected to complete secondary school (or the equivalent level of vocational or technical training) before age 19?

- **Go to V.**

- The child is no longer IV-E reimbursable as of the month after he turned 18 or the month it was determined that he would not complete school by age 19.

Months for which the answer to this question is no

**Go to V.**

**V. DEPRIVATION**

Did deprivation exist in the home from which the child was removed during the entire review period?

Reason

Months when deprivation did not exist

The child is not IV-E reimbursable during these months. **Go to VI.**

**VI. REIMBURSABLE PLACEMENT**

Does the child reside in a reimbursable placement?

- **Go to VII.**

Months in which the child did not reside in a reimbursable placement

The child is not IV-E Reimbursable during these months. **Go to VII.**

**VII. FINANCIAL NEED OF THE CHILD (Complete for reviews only)**

A. Did the child own any assets or receive any countable income during the entire review period (or did the agency receive any income on the child's behalf)? Do not include any income from SSI, TANF, or income disregarded as per Manual Chapter 400-15-15-13 and 400-15-25.

- **Go to VIII.**

- Specify the type and amount of the child's income and assets and the months during which the child received the income and assets.

	TYPE	AMOUNT	Months
ASSETS			
INCOME			

B. Were the child's assets within the \$10,000.00 per household limit?

- **Go to VII C.**

Months in which the child 's assets exceeded the allowable limit

**Go to VII C.**

C. Was the child's income within 185% of the foster care maintenance rate during the review period?

- **Go to VII D.**

Months in which the child's income exceeded the allowable foster care maintenance rate

The child is not IV-E Reimbursable during these months. **Go to VII D.**

D. Was the child's income within the 100% of the foster care maintenance rate during the review period?

- **Go to VIII.**

Months in which the child's income exceeded the allowable foster care maintenance rate

The child is not IV-E Reimbursable during these months. **Go to VIII.**

**VIII. MONTHS THE CHILD IS IV-E REIMBURSABLE**

Months in which the child IS IV-E Reimbursable (Month/Year)

Months in which the child IS NOT IV-E Reimbursable (Month/Year)

Notes

Worker

Date