



TITLE IV-E TITLE XIX REDETERMINATION-FOSTER CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FOSTER CARE

SFN 642 (9-2004)

Name of Child	CCWIPS Case Number		
Date of Birth	Social Security Number		
Is the child attending school? No Yes - Full-Time Part-Time	Expected Graduation Date	Grade Completed	

Does the child have any of the following assets? (Additional information may be needed) No Yes - Indicate the amount next to the type of asset.			
Checking/Savings		Individual Indian Monies	
Trust Account		Burial Funds	
Stocks/Bonds		Property	
Vehicles		Life Insurance	
Other		Other	
Does the child have any income (Social Security, VA, SSI, IIM, etc)? No Yes		Type of Income	Amount of Income
Does the child work? No Yes		Where does the child work?	
Amount the Child Earns	How often is the child paid?	How many hours per week does the child work?	

Are the child's parents living together? No Yes	Is either parent under/unemployed? No Yes - Complete Supplement to SFN 642, Attachment A.
Is either parent disabled? No Yes-List Disability	

Child's Current Placement	Date of Placement
---------------------------	-------------------

OTHER PLACEMENTS SINCE LAST REVIEW

PLACEMENT	FROM/TO

HEALTH INSURANCE COVERAGE

Has there been a change in the child's health care coverage? No Yes - Complete the following questions					
Name of Company			Name of Group		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Effective Date	Policy Number		Group Number		
Type of Coverage Hospital Dental Other (specify): Doctor Vision			Is the insurance a result of a court order? No Yes		
			Persons Covered		
Name of Policy Holder			Monthly Premium		
Address			City	State	Zip Code

Have the required health tracks screenings been completed? No Yes

I UNDERSTAND THAT:

- A. In addition to completing this form, I must report within 10 days any changes which occur which might affect the child's Medicaid eligibility.
- B. I will be notified in writing of any changes of eligibility and the reason for such change when this completed report is reviewed. I may request a fair hearing on any change.
- C. This report is considered incomplete if not signed, all questions are not answered, and all verifications applicable are not attached.
- D. Failure to return the completed and signed report by the 10th day of the month may result in benefits for this month being delayed, reduced, or terminated.
- E. 42 U.S.C. 1320b-7 requires all persons requesting assistance, except Child Care Assistance, to provide their social security number or show that they have applied for one. The social security number is used to check the identity of household members, to prevent duplicate participation, to monitor compliance with program regulations, for claim collection, for official examinations by Federal or State agencies, and to help make mass changes. The social security number is also used to check information in our records against other Federal, State or local government computer matching systems participating in the Income and Eligibility Verification System, including but not limited to the IRS, SSA, Department of Labor and TANF, which may affect eligibility and the level of benefits.
- F. The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.
- G. STATE AND FEDERAL LAWS PROVIDE FOR A FINE AND/OR IMPRISONMENT FOR ANY PERSON WHO FRAUDULENTLY RECEIVES OR ATTEMPTS TO RECEIVE ASSISTANCE TO WHICH HE/SHE IS NOT ENTITLED.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

Signature	Telephone Number	Date
-----------	------------------	------

You or your representative, may request a fair hearing orally or in writing if you disagree with any action taken on this case. You may be represented at the hearing by any person you choose. This application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.