



TITLE IV-E APPLICATION PRE-SCREEN

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Child's Name:	Date of Removal:	JPD#:	Date of Birth:	
			YES	NO
1. Does the initial order of removal contain the "Best Interest" language?			<input type="checkbox"/>	<input type="checkbox"/>
2. Was the "Reasonable Efforts" finding made within 60 days of the initial order of removal?			<input type="checkbox"/>	<input type="checkbox"/>
3. Do the court orders document that the county has "Responsibility for Care and Placement" of the child?			<input type="checkbox"/>	<input type="checkbox"/>
4. Will the child be placed in a IV-E eligible placement?			<input type="checkbox"/>	<input type="checkbox"/>
5. Is the child a U.S. citizen or a legal permanent resident (LPR)?			<input type="checkbox"/>	<input type="checkbox"/>
6. Was the child living with a parent or specified relative at the time of removal, or was the child living with a parent or relative with managing conservatorship of the child at some time during the six months immediately preceding the initial order of removal? If yes, indicate the person's name, relationship and date of birth below: Name: _____ Relationship: _____ DOB: _____			<input type="checkbox"/>	<input type="checkbox"/>
7. Did parental deprivation exist at the time of removal based on one of the following? (if yes, check one)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death or absence of parent(s) <input type="checkbox"/> Incapacity/disability of a parent <input type="checkbox"/> Primary Wage Earner (PWE) Underemployment based upon: <input type="checkbox"/> PWE unemployed during the entire month of removal, or <input type="checkbox"/> PWE worked less than 100 hours a month on average (average last three months), or <input type="checkbox"/> PWE monthly gross income is equal to or less than the income limit on the Income Guidelines for Underemployed Parent on the Underemployed Parent Checklist (form TJJD-IVE-340). PWE monthly gross income: _____ Name of PWE: _____ Relationship to child: _____				
8. Does the certified group's total countable income in the month of removal meet the 185% and 100% AFDC Needs Standard Income tests? (refer to the AFDC Needs Standard Income Limits - form TJJD-IVE-310).			<input type="checkbox"/>	<input type="checkbox"/>
9. Are the certified group's resources under the \$10,000 limit?			<input type="checkbox"/>	<input type="checkbox"/>
This information was gathered from the following source(s): _____				
10. Does this child meet all the above listed IV-E eligibility criteria (are all answers "yes")?			<input type="checkbox"/>	<input type="checkbox"/>

*****NOTE: If the answer to any of the questions above is "No", the child is NOT ELIGIBLE for Title IV-E*****

If the child is not eligible for Title IV-E, DO NOT NOT SUBMIT A FOSTER CARE ASSISTANCE APPLICATION.

Name: _____

Date: _____