

D**TITLE IV-E ELIGIBILITY INFORMATION SHEET****Child Information**

Name: _____ Date of Birth: _____ Social Security #: _____

Race: _____ Hispanic Origin: Yes No

(Race codes: White 1, Black 2, American Indian or Alaskan Native 3, Asian/Pacific Islander 4, unable to determine 5)

Do you have proof of citizenship? Birth Certificate Other: _____Does the child have a diagnosed disability? Yes No Diagnosis: _____Does the child receive SSI/SSA benefits? Yes No If yes, how much monthly? _____**Parent Information**

Mother's name: _____ DOB: _____ SS#: _____

Father's name: _____ DOB: _____ SS#: _____

Was either parent employed? Yes No Whom? _____ Monthly amount _____

Employer name/address/phone: _____

Is either parent documented disabled? Mother N/A Father N/ADoes either parent receive SSI/SSA? Yes No Whom? _____ Monthly amount _____**Household Information**

When was the child removed from home? _____

Who was living in the home at the time of removal? _____

Caretaker family structure: Married couple Unmarried couple Single female Single male

How was the family surviving? _____

Does family receive child support? Yes No If yes, from whom: _____ Amount: _____Does child have private insurance? Yes No Insurance Company: _____

Individual policy number: _____ Group policy number: _____

Effective dates of coverage: _____

Policy holder's name: _____ Policy holder's SS#: _____

Policy holder's employer/address/phone: _____

Has the child ever been adopted? Yes No If yes, date of adoption: _____Date parental rights were terminated? _____ Mother N/A _____ Father N/A

Form completed by: _____ Date submitted: _____