

**Local Collaborative Time Study (LCTS) Title IV-E Candidacy Determination Form**

<input type="checkbox"/> Initial Determination	<input type="checkbox"/> Six Month Re-determination
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**LCTS Documentation: Title IV-E Foster Care Candidacy Eligibility Determination**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

LCTS Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

LCTS Participating Agency: \_\_\_\_\_

*When recommending a child as a potential foster care candidate the LCTS participant must:*

- 1) Complete this form, and
- 2) Attach a copy of the signed written consent for release of information.

**Definition of a Foster Care Candidate:**

A candidate for foster care is a child who is at imminent risk of removal from home as evidenced by the county agency either pursuing the child's removal from the home or making reasonable efforts to prevent the removal. When a county agency has entered into a Title IV-E Foster Care Candidacy Agreement with the LCTS participating agencies, the reasonable efforts to prevent the child's entry into foster care can be provided by one or more of those agencies. Completing the documentation to establish a child's Title IV-E candidacy eligibility for foster care is an indication that the county is anticipating the child's entry into foster care and that the child is at imminent risk of removal. Eligibility determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded. Children already in out-of-home placement are not foster care candidates. *(Social Security Act, Title IV, Part E, Section 471 (a)(15)(B)(i); ACYF-PA-87-05; ACYF-CB-PA-01-02 and DAB Decision No. 1428; Budget Deficit Reduction Act of 2005)*

Please describe the issues that cause this child to be at imminent risk of being removed from their parent(s) or guardian(s). Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Report of alleged abuse and/or neglect<br><input type="checkbox"/> Report of abandonment<br><input type="checkbox"/> Caretaker inability to cope<br><input type="checkbox"/> Child behavior<br><input type="checkbox"/> Child alcohol abuse<br><input type="checkbox"/> Child disability<br><input type="checkbox"/> Child drug use<br><input type="checkbox"/> Relinquishment of parental rights<br><input type="checkbox"/> Child has a sibling currently in foster care<br><input type="checkbox"/> Child has past history of being in foster care<br><input type="checkbox"/> Child's family has an open child protection or child welfare case with _____ County Social Services | <input type="checkbox"/> Inadequate housing<br><input type="checkbox"/> Parent alcohol abuse<br><input type="checkbox"/> Parent drug abuse<br><input type="checkbox"/> Parent death<br><input type="checkbox"/> Parent incarceration<br><input type="checkbox"/> Parenting issues<br><input type="checkbox"/> Financial problems<br><input type="checkbox"/> Domestic violence |
|--|--|

*(Please note: This issue by itself does not meet the criteria for Title IV-E candidacy. Check the issues that led to the case opening).*

- Child's mental health needs are being assessed for residential treatment
- Child's development disabilities are being assessed for residential treatment

Describe other conditions or issues: \_\_\_\_\_

**Notes:** *(Attach additional sheet if necessary)*

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The following reasonable efforts are being made to prevent the child from being removed from their parent or guardian. Please check all that apply and provide a description/explanation of those services:

- Child protective services case management \_\_\_\_\_
- Parenting education \_\_\_\_\_
- Chemical dependency services \_\_\_\_\_
- Individual counseling \_\_\_\_\_
- Mental health services \_\_\_\_\_
- Information and referrals to community based services \_\_\_\_\_
- Family based services – counseling \_\_\_\_\_
- Family counseling \_\_\_\_\_
- Family based services – life management skills \_\_\_\_\_
- Housing services \_\_\_\_\_
- Legal services \_\_\_\_\_
- Family support services \_\_\_\_\_
- Truancy prevention services \_\_\_\_\_
- Special education services \_\_\_\_\_
- Before and/or after school programming \_\_\_\_\_
- Youth services \_\_\_\_\_
- School intervention strategies \_\_\_\_\_
- In home public health services \_\_\_\_\_
- Gang prevention efforts \_\_\_\_\_
- Probation services \_\_\_\_\_
- Describe other reasonable efforts: \_\_\_\_\_

*Notes: (Attach additional sheet if necessary)*

**This section for use by the county Title IV-E Foster Care Candidacy Specialist:**

- Child or family has an open county case. Case Number: \_\_\_\_\_
- There is evidence of court proceedings in relation to the removal of the child from the home, in the form of a petition to the court, a court order or transcript of the court proceedings. Please indicate type: \_\_\_\_\_ Attach a copy of the document for verification.

*Notes: (Attach additional sheet if necessary)*

- Title IV-E Foster Care Candidacy Determination Approved
- Title IV-E Foster Care Candidacy Determination Not Approved

Signature of Specialist \_\_\_\_\_ Date: \_\_\_\_\_

Date of Initial Determination \_\_\_\_\_  
 Date of Six Month Re-determination \_\_\_\_\_

**You must retain this documentation for 4 years after the determination (or re-determination) date.**