Ohio Department of Children and Youth

**TITLE IV-E ADOPTION ASSISTANCE ANNUAL ASSURANCE OF LEGAL RESPONSIBILITY, SCHOOL ATTENDANCE AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE**

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| **SECTION I: CHILD INFORMATION** | | | | | | | | | |
| Child’s Name *(First, Middle, Last)* | | | | | Date of Birth *(mm/dd/yyyy)* | | | | Male  Female |
| Parent's Name | | | Parent’s Name | | | | | | |
| Address | | | | | | County | | | |
| City, State, Zip | | | | | | Phone Number | | | |
| Does your child continue to have an annual diagnosis by a qualified professional?  Yes  No If No, please explain below.  Are you still legally responsible for the child?  Yes  No If No, please explain below.  Are you still supporting the child?  Yes  No If No, please explain below.  Does the child reside in your home?  Yes  No If No, please explain below.  Is the child enlisted in the military services?  Yes  No If Yes, please explain below.  Is the child married?  Yes  No If Yes, please explain below.  Is there a need to amend agreement?  Yes  No If Yes, please explain below. | | | | | | | | | |
| Detail the explanation to answer given above, if applicable *(Use back of form if necessary)* | | | | | | | | | |
| Has there been any newly documented special needs of the child or circumstances of the adoptive parent(s) that were not previously subject to the current agreement pursuant to OAC rule 5101:2-49-12 if applicable *(Use back of form if necessary).* | | | | | | | | | |
| **SECTION II: HEALTH INSURANCE COVERAGE** | | | | | | | | | |
| Policy Holder’s Name | | | | | | Policy Number | | | |
| Name of Insurance | | | | | | Effective Date | | | |
| Benefits Paid to  Hospital  Doctor  Person Insured | | | | | | | | | |
| Identify any limitations/riders affecting the coverage for the child | | | | | | | | | |
| **SECTION III: SCHOOL ATTENDANCE REQUIREMENT** | | | | | | | | | |
| Name of School your child is attending | | | | Please provide documentation of school attendance. What form of documentation is attached? | | | | | |
| What grade is your child currently in? | | | | Is your child a full-time student?  Yes  No If No, please explain below. | | | | | |
| Detail the explanation to answer given above, if applicable *(Use back of form if necessary)* | | | | | | | | | |
| **SECTION IV: PARENT(S) SIGNATURE** | | | | | | | | | |
| Parent’s Signature | Email | | | | | | | Date | |
| Parent’s Signature | Email | | | | | | | Date | |
| **SECTION V: FOR AGENCY COMPLETION** | | | | | | | | | |
| Is the child under age 18?  Yes  No  Is the child over 18 but less than 21 years of age and does he/she have a physical or mental disability or has a medical condition which is documented in accordance with rule 5101:2-49-04?  Yes  No  Is the parent(s) still legally and financially responsible for the child?  Yes  No  Is the parent(s) still supporting the child?  Yes  No  Child continues to be eligible for Title IV-E adoption assistance. *(Explain below))*  Yes  No | | | | | | | | | |
| Provide a detail explanation regarding any No responses to the above questions. | | | | | | | | | |
| The Adoption Agreement will continue without changes.  The Adoption Agreement will continue with changes as reflected on the amended agreement *(attach copy).*  The Adoption Agreement will not continue due to *(attach written documentation of evidence to terminate if applicable)* | | | | | | | | | |
| Signature of Eligibility Determiner | | Email | | | | | Date *(mm/dd/yyyy)* | | |