**Please upload the following documentation to a case note in MaGIK for CEU to determine Title IV-E eligibility. ‘Eligibility’ should be selected as the Subject of the case note.**

|  |  |  |
| --- | --- | --- |
| Youth’s Name: | | Case #: |
| Documentation | | |
|  | [**Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF55159)**](https://forms.in.gov/Download.aspx?id=11054)signed and dated by both the youth and DCS | |
|  | **Birth Certificate** | |
|  | **Court Order dismissing the CHINS/Probation case** *(uploaded to hearing dismissing wardship)* | |
|  | **Court Order approving the Collaborative Care case**, or other Court Order(s) that includes Best Interests and/or Placement and Care language *(uploaded to applicable hearing)* | |
|  | **Education & Employment Records:** Documentation showing child is (at least one of the following):   * + In school *(e.g. school transcript, report card, or letter from school)*,   + Employed at least 80 hours per month (*e.g. pay stubs, hourly rate and weekly hours documented on Title IV-E Information Form)*,   + Participating in an activity designed to remove barriers to employment *(e.g. case note or IL Monthly Report)*, or   + Unable to attend school or be employed due to disability *(e.g. documentation from a licensed physician or psychiatrist)* | |
|  | **Other Documentation to Support the IV-E Determination** (such as)**:**   * + **Documentation of income and resources for the youth**     - Title IV-E Information Form     - Paystubs     - Case note documenting the youth’s hourly rate and weekly hours during the removal month   + **Documentation of income for any non-ward children of the youth living in the same home** | |
|  | **If a Placement Provider is listed in MaGIK as the youth’s placement:**   * Enter the address where the youth is living as a Note on the placement location * Send an email to MedicaidUnit@dcs.in.gov | |