**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
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