

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
CFS-487 Instructions
Application for Title IV-E Payments/Medicaid

Purpose

This document was designed to serve multiple purposes. The first purpose is to serve as an application to the DCFS Eligibility Unit for a Title IV-E determination. The second purpose is to serve as an application for Medicaid eligibility determination for those children determined ineligible for Title IV-E. This form will also be used to collect data for a referral for the collection of child support.

Instructions for Completion

The Family Service Worker shall complete Sections 1 and 15 of this application within 24 hours of the time the child enters an out of home placement and send it to the DCFS Eligibility Unit. The Family Service Worker will complete the remaining sections of the CFS-487 within 7 calendar days and send it to the DCFS Eligibility Unit responsible for their county. If the application is being completed on an initial placement, all information should reflect the family and/or the child's situation during the month the petition was filed.

1. Identifying and Placement Information

- Child's Name – Enter the foster child's full name
- Date of Birth – Enter the month, day and year of the child's birth
- Social Security Number – Enter the child's social security number
- Race – Enter the race of the child
- Sex – Enter the sex of the child
- Child's County of Residence – Enter the name of the county in which the child resided prior to placement in out of home care
- Date of Custody - Enter the date the state agency obtained legal custody of the child
- Name of Placement – Enter the name of the out of home placement facility
- Date Entered Placement – Enter the date the child was placed in out of home care
- Placement Address – Enter the address (street, city, and state and zip) of the child's current placement
- Type of Placement – Enter the type of foster care placement (i.e., foster family home, group home, relative foster home, etc.)
- Mailing Address – Enter the mailing address of the foster child's placement if different from the placement address.

2. List the names, relationship (to the child), social security number, date of birth, race, sex, and citizenship status of all persons living in the home from which the child was removed during the month the petition was filed.

3. Check appropriate answer – yes or no. If yes, enter the name the case was carried under, the type of assistance received, and the assistance case number.

4. List living arrangements as described.

5. Check yes or no to indicate the reason for deprivation. If yes, indicate if reason for deprivation applies to the mother or father or both parents.

6. If the child is age 15 or older, check yes, no, or n/a to indicate the child's school attendance. If yes, enter grade and circle full-time or part-time to indicate the type of attendance.

7. Check the appropriate answer. If yes is answered, indicate the child's expected graduation date.

8. List the income information on the family/child as described.

Employment – Wages, salaries, tips, etc.
SSA – Retirement, Survivors, and Disability Insurance
SSI – Supplemental Security Income
VA – Veteran's Benefits

Child Support – Self-explanatory
UC – Unemployment Compensation
Loans/Grants – Income received from any student loan or grant
Other - Income from any source not covered above

9. List the financial resources of the family/child as requested/
10. Check yes or no if the relative owns or is buying the home in which they reside.
11. Check yes or no if the relative owns or is buying any other property other than the home in which they live.
12. Check yes or no to indicate if the home from which the child was removed was receiving adoption support payments.
13. Check yes or no to indicate if the child expects to receive an inheritance or settlement. If yes, attach information.
14. Absent Parent Data

Provide the requested information on both parents. Please list both parents because both parents are considered while the child is in an out of home placement. This information is needed to pursue the collection of child support for the child.
15. Read the Statement of Rights and Responsibilities.
 - Sign and Date – The Family Service Worker must sign and date the application.