

## FINANCIAL ASSESSMENT REFERRAL

Date of Referral	Name - Worker	Telephone Number - Worker
------------------	---------------	---------------------------

1. Enter the following information on the child for whom Title IV-E / Medicaid benefits are being requested.

Name - Child	Birthdate - Child	Social Security Number - Child
Race - Child	Gender - Child	eWiSACWIS Case Number
Court Case Number	Date of Petition	Next Court Date
Date of Removal	Type of Order that Removed Child	Date of Placement
Was the removal: <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Court Ordered		WPA / Order Date
Name - Provider		Address - Provider
Child removed from home of:		
Biological / Adoptive Mother		
Adjudicated / Adoptive Father		
Both Biological / Adoptive Mother and Adjudicated / Adoptive Father		
Other	Name of other:	Relationship to Child:
Complete the following information regardless of who the child was removed from:		
<b>Biological / Adoptive Mother Information</b>		
Name - Biological / Adoptive Mother		Telephone Number - Biological / Adoptive Mother
Address - Biological / Adoptive Mother		
<b>Adjudicated / Adoptive Father Information</b>		
Name - Adjudicated / Adoptive Father		Telephone Number - Adjudicated / Adoptive Father
Address - Adjudicated / Adoptive Father		

2. Complete all the information for each person in the home from which the child was removed.

Name	Relationship to Child	SSN	Birthdate	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Complete all the income and assets information for each person in the home from which the child was removed.

Name	Income	Source of Income	Assets

4.  Yes    No   Did the child reside with any relative during the six months prior to the month the petition was filed, other than those listed in number 2?

Name - Relative	Relationship to Child

5. Deprivation  
 a.  Yes    No   Is the child deprived for any reason?

b. Reason deprived:

Mother    Father    Both   Is the child deprived of Mother, Father, or Both?

6.  Yes    No   In the month the petition was filed was the child receiving AFDC-MA or was the child removed from an AFDC-MA home?

Complete the following information on the parent(s) or step-parent if applicable, who resided in the home the child was removed from.

If both biological parents were not residing in the home the child was removed from do not include both parents in this section.

**Mother Information**

Name - Mother / Step-Mother	Social Security Number	Birthdate	Race
Address			Telephone Number
Name - Employer		Health Insurance	
Work Address			Telephone Number - Work

**Father Information**

Name - Father / Step-Father	Social Security Number	Birthdate	Race
Address			Telephone Number
Name - Employer		Health Insurance	
Work Address			Telephone Number - Work

7.  Family Court Support Number  Paternity Number

8.  Comments

9.  SIGNATURES

<input type="checkbox"/>	<input type="checkbox"/>
Name - Worker	Date Completed

<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE</b> - Worker	Date Signed

<input type="checkbox"/>	<input type="checkbox"/>
Name Supervisor	Date Completed

<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE</b> - Supervisor	Date Signed

