**Title IV-E Reimbursement Program for Legal Services**

**CY** **2024 Application Worksheet**

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| --- | --- | --- | --- |
| **County HSD/SSD:** |  | | |
| **Contact Person:** |  | | |
| **Telephone** |  | **Email** |  |
| **Legal Service Provider:** |  | | |
| **Contract Person(s):** |  | | |
| **Telephone** |  | **Email** |  |

**Legal Services Program Budget:**

***COMPLETE BUDGET WORKSHEET and SUBMIT WITH COMPLETED APPLICATION***

Note: The Title IV-E reimbursement limit for CHIPS and Out-of-Home Care (OHC) activities is **26%** of the total costs. The Title IV-E reimbursement limit for TPR and Adoption activities is limited to **40%** of total costs. If actual expenses exceed the estimated amounts, a contract amendment can be issued during the year to modify these amounts.

1. Describe the local sources of funds used as match for the IV-E reimbursement:

1. Describe the method(s) that will be used to keep track of legal services staff time devoted to IV-E reimbursable activities.

1. Describe how the IV-E reimbursement will be used to improve child welfare legal services. How will the expanded legal services improve safety and permanency outcomes for children?

1. If staff costs are included in the budget, describe what positions are included, duties of the positions as they relate to IV-E legal services, amount of time the positions will spend on IV-E related activities, and whether the positions are existing or new. For new positions, list the expected start date for the new staff.

1. **Contracted personnel**. If requesting reimbursement for this cost category, what documentation will the county request/maintain to ensure that reimbursement will only be requested for allowable cost categories?

1. For expenses other than personnel, please provide specific information as to type of activity, amounts, and how the activity will expand/enhance IV-E legal services. If requesting reimbursement for the following cost categories, specific information is required. **Budget categories with missing/inadequate descriptions will not be approved.**

**Child Welfare Training/Conferences**. Please describe the trainings or conferences and who will be attending them

**Mail/postage**. Please describe the allocation basis for these costs.

**Printing/publication**. Please describe the allocation basis for these costs.

**Other**. Please describe how the activity will expand/enhance legal services.

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**Program Assurances**

Legal Services Agreement:

Has an agreement between the human/social services department and the agency providing child welfare legal services been completed?

What is the effective period of the agreement?

Date of the last update to agreement:

Attach a copy of the current agreement to the application.

Cost Allocation Method:

Has the method for allocating legal staff and other costs to the legal services reimbursement program been reviewed by the county human/social services agency?

Will the agency providing legal services report information on a regular basis to support the costs for which IV-E reimbursement is claimed?

Has the agency responsible for submitting costs for reimbursement established procedures to ensure that all Child Welfare and other Human Services costs submitted on SPARC lines 3301 and 3683 are not being claimed for reimbursement under this program?

Signatures:

Human/Social Services Department:

     

Name Date

Title

Legal Services Agency:

     

Name Date

Title