**Title IV-E Reimbursement Program for Legal Representation of Parents and Children**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **County HSD/SSD:** |  | | |
| **Contact Person:** |  | | |
| **Telephone** |  | **Email** |  |
| **County Local Courts:** |  | | |
| **Contact Person(s):** |  | | |
| **Telephone** |  | **Email** |  |

**Legal Client Representation Program Budget:**

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

***APPLICATION DUE October 27th, 2023***

***AMENDMENTS DUE: September 27th, 2024***

Note: The Title IV-E reimbursement limit for client representation depends on the type of case. For representation in CHIPS, 48.977 guardianship and Out-of-Home Care (OHC) cases the title IV-E reimbursement is **26%** of the total costs. The title IV-E reimbursement limit for representation in TPR cases is **40%** of total costs.

The budget should represent the estimated expenditures for attorneys appointed by the court to provide legal client representation for parents and children in CHIPS, OHC and TPR cases. For representation over the duration of the legal case, please use your best estimate in allocating expenses to the TPR portion of cases.

The amount of IV-E reimbursement will depend on the actual expenses incurred for legal representation. 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. Indicate whether the match funds are in the court budget or the human/social service department budget.

**NOTE: On cases where Title IV-E reimbursement for the costs of client representation, i.e. the child and/or parents, is being received, no amounts may be charged or recouped from the family. See Appendix A of the Application Instructions.**

1. Describe the method(s) that will be used to keep track of legal services staff time devoted to IV-E reimbursable activities and ensure that those costs are excluded from totals reported on lines 3553 and 3573 (Legal Services Passthrough).

Indicate which types of legal services are included in the IV-E reimbursement program:

CHIPS  48.977 Guardianship

TPR  Out-of-Home Care Placements

Other (describe below)

**Legal Representation of Parents and Children Program Plan:**

1. Indicate which type of client representation you will be claiming Title IV-E reimbursement for:

Parents  Children  Both Parents & Children

1. Describe how the IV-E reimbursement will be used to improve child welfare legal representation and achieve safety and permanency outcomes for children.

1. Describe the methodology that will be used to track the count of In-Home vs Out-of-Home Placement children served and the corresponding associated costs.

1. **Representation Service Fees**. If requesting reimbursement for this cost category, what documentation will the county human/social service agency request/maintain from the court to ensure that reimbursement will only be used for allowable cost categories?

1. For expenses other than personnel, please provide specific information as to type of activity, amounts. **Budget categories with missing/inadequate descriptions will not be approved.**

**Title IV-E Reimbursement Program for Legal Client Representation**

**Program Assurances**

Legal Representation Agreement:

Has an agreement between the human/social services department and the court agency providing parent and child legal client representation 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 client representation reimbursement program been reviewed by the county human/social services agency?

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

Signatures:

Human/Social Services Department:

     

Name Date

Title

County Circuit Court:

     

Name Date

Title