



# TITLE IV-E AND TITLE IV-A / EA INFORMATION

State Form 55435 (R / 6-14)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** This form is to be completed by a Family Case Manager no later than thirty (30) days from the EA application date (EA cases) or date of removal (IV-E cases), as applicable. Upload the completed form in MaGIC to support the eligibility determination for IV-E and EA applications. All information provided should represent the family's circumstances for the eligibility month, which is listed at the top of the eligibility application in MaGIC.

Case type <input type="checkbox"/> Out of home CHINS <input type="checkbox"/> In-Home CHINS <input type="checkbox"/> Informal Adjustment	Eligibility month (mm/yy)
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## SECTION I. IDENTIFYING INFORMATION

For all case types, please complete this section with information for each child with an eligibility application.

<b>Name of child</b>	Address (number and street, city, state, and ZIP code)
Name of mother	Address (number and street, city, state, and ZIP code)
Name of father	Address (number and street, city, state, and ZIP code)
<b>Name of child</b>	Address (number and street, city, state, and ZIP code)
Name of mother	Address (number and street, city, state, and ZIP code)
Name of father	Address (number and street, city, state, and ZIP code)
<b>Name of child</b>	Address (number and street, city, state, and ZIP code)
Name of mother	Address (number and street, city, state, and ZIP code)
Name of father	Address (number and street, city, state, and ZIP code)
<b>Name of child</b>	Address (number and street, city, state, and ZIP code)
Name of mother	Address (number and street, city, state, and ZIP code)
Name of father	Address (number and street, city, state, and ZIP code)
<b>Name of child</b>	Address (number and street, city, state, and ZIP code)
Name of mother	Address (number and street, city, state, and ZIP code)
Name of father	Address (number and street, city, state, and ZIP code)
<b>Name of child</b>	Address (number and street, city, state, and ZIP code)
Name of mother	Address (number and street, city, state, and ZIP code)
Name of father	Address (number and street, city, state, and ZIP code)

## SECTION II. REMOVAL INFORMATION

- Child not removed** – Check here for IA and In Home CHINS case types, and then skip to Section III.  
 **Child removed** – Please complete the rest of this section about the child's removal.

Date of removal from home (mm/dd/yy)

Name(s) of individual(s) from whom court is removing child(ren)

Relationship to child(ren)

Date child(ren) last lived with individual(s) (mm/dd/yy)

**SECTION III. HOUSEHOLD**

**For children with IV-E applications (removed from the home):** List all individuals living in the home at the time of removal.

**For children with EA applications (IA or In-Home CHINS involvement):** List all individuals living in the home during the eligibility month. If the individual will be involved in EA services, please place a check next to their name.

Name	Relationship to Child(ren)	Date of Birth (mm/dd/yy)	EA Only: Will this person be in receipt of services?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION IV. ELIGIBILITY MONTH INCOME AND RESOURCES**

Complete this section by providing accurate information for each household member as it pertains to the eligibility month. Please do not leave fields blank; if it is verified the person has \$0 for a category, please enter \$0. Please document unearned income, such as child support, under the name of the individual for whom it was received. Add additional pages as needed for large households.

Name		Was this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Unearned Income</b>		<b>Resources and Expenses</b>		<b>Earned Income</b>
Actual unemployment benefits received		Checking / savings		Employer
Adoption subsidy (Federal / State / County)		Vehicle make / model / year OR value		Start date (month, day, year)
Actual child support received		Actual child care expenses paid		Hours per week
SSI	RSDI	Other income / resources (describe)		Hourly wage
TANF	Food stamps			Gross monthly wages
Name		Was this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Unearned Income</b>		<b>Resources and Expenses</b>		<b>Earned Income</b>
Actual unemployment benefits received		Checking / savings		Employer
Adoption subsidy (Federal / State / County)		Vehicle make / model / year OR value		Start date (month, day, year)
Actual child support received		Actual child care expenses paid		Hours per week
SSI	RSDI	Other income / resources (describe)		Hourly wage
TANF	Food stamps			Gross monthly wages

**SECTION IV. ELIGIBILITY MONTH INCOME AND RESOURCES (continued)**

Name		Was this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Unearned Income</b>		<b>Resources and Expenses</b>		<b>Earned Income</b>
Actual unemployment benefits received		Checking / savings		Employer
Adoption subsidy (Federal / State / County)		Vehicle make / model / year OR value		Start date (month, day, year)
Actual child support received		Actual child care expenses paid		Hours per week
SSI	RSDI	Other income / resources (describe)		Hourly wage
TANF	Food stamps			Gross monthly wages

Name		Was this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Unearned Income</b>		<b>Resources and Expenses</b>		<b>Earned Income</b>
Actual unemployment benefits received		Checking / savings		Employer
Adoption subsidy (Federal / State / County)		Vehicle make / model / year OR value		Start date (month, day, year)
Actual child support received		Actual child care expenses paid		Hours per week
SSI	RSDI	Other income / resources (describe)		Hourly wage
TANF	Food stamps			Gross monthly wages

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<b>Unearned Income</b>		<b>Resources and Expenses</b>		<b>Earned Income</b>
Actual unemployment benefits received		Checking / savings		Employer
Adoption subsidy (Federal / State / County)		Vehicle make / model / year OR value		Start date (month, day, year)
Actual child support received		Actual child care expenses paid		Hours per week
SSI	RSDI	Other income / resources (describe)		Hourly wage
TANF	Food stamps			Gross monthly wages

**SECTION V. CERTIFICATION**

Signature of DCS staff		Date (month, day, year)
Printed name of DCS staff	Title of DCS staff	
Signature of individual providing information		Date (month, day, year)
Printed name of individual providing information		