

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
NOTIFICATION OF CHANGE IN FOSTER CARE OR ADOPTION ASSISTANCE**

☐ **Expedite, Placement change**

**Child:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form 227 Notification of Change in Foster Care or Adoption Assistance

<b>Court Order Language</b> <i>“Reasonable efforts to finalize”</i>	<p>_____ Judicial determination was made on this date: _____</p> <p>_____ Date of the court order with the required language is: _____</p> <p>_____ Judicial determination was <b>NOT</b> made because:</p> <p>_____ It was omitted from the court order;</p> <p>_____ The court found that DFCS had <b>NOT</b> made “reasonable efforts”;</p> <p>_____ The finding was not timely; i.e., within 12 months</p>
<b>Foster Care Placement</b>	<p>_____ Child was placed in a fully approved/licensed facility effective: _____</p> <p>_____ Name/Address: _____</p> <p>_____ Child moved to the above placement from another IV-E reimbursable home/facility?</p> <p>• No • Yes*</p> <p>* To avoid two IV-E payments on the same day(s) of the child’s move or concurrent placement, indicate in “Comments” the Name/Address of the prior home/facility and the date(s) of the IV-E payment. _____ Child placed in a <b>NON</b> IV-E approved placement effective***: _____</p> <p>*** <b>Complete Living Arrangement section for Continuing Medicaid Determination</b></p>
<b>Adoption Assistance</b>	<p>_____ Adoptive placement effective date: _____</p> <p>_____ Adoption petition filing date: _____</p> <p>_____ Adoption finalized as of date: _____</p>
<b>Parental Deprivation</b>	<p>_____ A change occurred in one or more of these “deprivation factors” in the removal home:</p> <p>• Absent parent returned • Parent deceased • Parent disabled/incapacitated</p> <p>• Parent unemployed • TPR/Surrender of parental rights</p> <p>Parent effected by this change: • Father • Mother</p> <p>Effective date: _____</p>
<b>Income/Resources (child’s)</b>	<p>_____ There was a change in the child’s income in the amount of \$ _____ received from:</p> <p>• SSI • Child Support • VA Benefits • Social Security</p> <p>• Personal earnings • Other (specify): _____</p> <p>_____ The child acquired resources total valued at : \$ _____</p> <p>Source(s): _____</p>
<b>Age</b>	<p>_____ This child reaches (or has reached) age 18 on (date)***: _____</p> <p>*** <b>Complete Living Arrangement section for Continuing Medicaid Determination.</b></p>
<b>Legal Responsibility</b>	<p>_____ Effective Date</p> <p>_____ DFCS no longer has legal responsibility for the child because:</p> <p>• Custody order expired • DFCS was relieved of custody *** • Other</p> <p>(explain): _____</p> <p>_____ DFCS re-instated its expired order effective (date): _____</p> <p>*** <b>Complete Living Arrangement Section for Continuing Medicaid Determination.</b></p>
<b>VPA</b>	<p>A judicial determination that continuation in foster care is in the “best interest” of the child:</p> <p>_____ Was obtained from the court within 180 days of placement</p> <p>_____ Was NOT obtained from the court within 180 days of placement.</p> <p>Effective date: _____</p>
<b>Trial Home Visit</b>	<p>The child’s trial home visit exceeded 6 months or the time frame authorized by the court.</p> <p>Effective date: _____</p>

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<b>Living Arrangement</b>	<p><b>Living Arrangement:</b> A Continuing Medicaid Determination (CMD) must be completed for a foster child who leaves DFCS custody to assure that a child who is Medicaid eligible remains Medicaid eligible. Information on household members and their income is required to complete a CMD.</p> <p><b>Child leaving care due to age:</b></p> <p>New residential address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone number: _____</p> <p>Employment name and address: _____</p> <p>_____</p> <p>Monthly income amount: RSDI/SSI: _____ Child Support: _____ Wages: _____</p> <p>Other: _____</p> <p>Comments: _____</p> <p>_____</p> <p><b>Relative Placement:</b></p> <p>Relative's Name: _____ Relationship to child: _____</p> <p>DOB: _____ SSN: _____ Monthly Income: _____</p> <p>Place of Employment: _____</p> <p>Relative's Name: _____ Relationship to child: _____</p> <p>DOB: _____ SSN: _____ Monthly Income: _____</p> <p>Place of Employment: _____</p> <p>Residential Address: _____ City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Contact number: (      ) _____</p> <p>All persons living in the household and relationship to child: _____</p> <p>_____</p> <p>_____</p> <p>Copy of court order relieving DFCS of custody attached: Y <input type="checkbox"/> N <input type="checkbox"/></p>
<b>Comments</b>	

SSCM/JPPS signature: \_\_\_\_\_ CL#: \_\_\_\_\_ County: \_\_\_\_\_

SSCM/JPPS Printed Name: \_\_\_\_\_ Telephone No.: (      ) \_\_\_\_\_

