

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

Form 227 INSTRUCTIONS

PURPOSE:

Form 227 is to be completed by the Social Services Case Manager (SSCM) /Juvenile Probation Parole Specialist (JPPS) to address **any and all** changes or **to provide additional information** that may potentially affect the eligibility and/or reimbursability for IV-E Foster Care or Adoption Assistance, Child Welfare (IV-B) Foster Care, State Adoption Assistance, or the Medicaid status of a child in placement, a child moving to a relative placement, a child “aging out” of foster care and/or DFCS relieved of legal custody.

NOTE: The checkbox at the top of the form is to ensure that placement changes are processed timely and a Form 529 is generated to pay foster parents timely.

INSTRUCTIONS:

This form is completed for any changes in the court order, court order not received within 60 days, timing of hearings, lapsed or expired custody, foster care placement, adoption assistance, parental deprivation, the child’s income or resources, age, legal responsibility, VPA (Voluntary Placement Agreement), trial home visit, DFCS relieved of custody of a child or a child moving to a relative placement.

There are special situations that may potentially affect a child’s eligibility and/or reimbursability and are communicated to the Revenue Maximization MES for case documentation and review. These special situations may include but are not limited to: a change to a non IV-E reimbursable placement, length of time on run-away status, a IV-E minor giving birth, a Georgia IV-E child placed out-of-state, a child approved for Supplemental Security Income (SSI), a decision regarding receipt of SSI or IV-E payments, INS verification child does/does not have qualified alien status, or any other circumstances that are considered special situations. Special situations are addressed in the “Comments” section of this form. If additional space is needed, continue on a separate sheet.

Complete the appropriate item(s) indicating a change or additional information. All information requested for each item should be entered. Provide the effective date where applicable.

The completed form should be faxed or sent as a Word attachment to the Revenue Maximization Regional Office or to DJJ MES to provide timely notice of a change.

LIVING ARRANGEMENT SECTION:

All information requested on the form will be provided by the SSCM/JPPS in order to determine ongoing Medicaid eligibility for foster children moving to a relative placement (including a parent) and for foster children leaving foster care due to age and where DFCS has been relieved of custody.

COMMENT SECTION:

Any additional comments or explanation should be entered in the comments section. The comment section should also be used by the SSCM/JPPS to notify the MES of concurrent placement information. (Refer to Section 2860-2) If additional space is needed, continue on a separate sheet.

The form must be signed by the SSCM or JPPS and the caseload number, county, telephone number and printed name provided in the appropriate spaces.

DISTRIBUTION:

The original should be filed in the Social Services record and a copy should be faxed to the appropriate Revenue Maximization Regional Office.