

Georgia Department of Human Resources  
**IV-E Eligibility Documentation Sheet**

Child's Name: \_\_\_\_\_

AU#: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ P

**Check one:** ☐ Initial Decision

☐ Review due MM/YYYY

☐ Interim Change

**Court Order Language:**

**Foster Care Placement:**

**Age:** \_\_\_\_\_

**Citizen/Alienage:**

**Living with a Specified Relative & Removal Household:**

**Parental Deprivation:**

**Family Resources & Income: (complete Form 239)**

**AFDC Relatedness Criteria Met?**

**Child's Resources & Income: (complete budget)**

**Comments:**

**1. Eligibility Month:** \_\_\_\_\_ **IV-E Eligible:** ☐ YES ☐ NO **IV-E Eligible/SSI only:** ☐

**2. IV-E criteria not met, check all that apply:** Court order language ☐ Court order timeliness ☐  
Age ☐ Income/Resources ☐ Deprivation ☐ Citizenship/Alienage ☐ Specified Relative/Removal home ☐

**3. IV-E Reimbursable:** ☐ YES ☐ NO **Begin Date:** \_\_\_\_\_ **End Date (if applicable):** \_\_\_\_\_

**4. If not reimbursable, check all that apply:** IV-E language ☐ Custody ☐ SSI ☐ Age ☐  
Unapproved Placement ☐ Income/resources ☐ Deprivation ☐ Relative Placement ☐

**5. Medicaid Eligibility:** ☐ YES ☐ NO **Class of Assistance:** \_\_\_\_\_

**MES Signature:**

**Date:**

**Printed name of MES:** \_\_\_\_\_ **Phone Number ( )** \_\_\_\_\_

*Note: Court Order Language, Foster Care Placement, Age, Parental Deprivation & Child's Income/Resources ONLY must be completed at review*