

**INCOME AND PROPERTY CHECKLIST
FOR FEDERAL ELIGIBILITY DETERMINATION
ADOPTION ASSISTANCE PROGRAM**

CHILD'S ADOPTIVE NAME
STATE ADOPTION CASE NO. ADA

All information listed below should be reviewed to determine whether the child meets the AFDC eligibility standards of July 16, 1996 in the home of removal. Please review each item with regard to the child's income and property status at the time the child was removed from the home of the specified relative. Attach a copy of this form to the AAP 4 before transmittal to the county welfare department.

	Yes	No
1. Does the child have any of the resources listed below? If Yes, explain below.		
a. Cash b. Savings account c. Checking account d. Credit union account e. Checks f. Notes, mortgages, trust deeds g. Trust fund h. Stocks, bonds, certificates i. Other resources which can be quickly changed into cash		

Type of Resource	Current Value	Location	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		

2. Does the child receive, or expect to receive income from the following sources?
If Yes, explain below.

a. Contributions or cash gifts c. Tax refunds e. Interest, dividends
 b. Sale of property d. Legal or accident settlements pending f. Scholarships, grants, loans for school

Source of Income	Date Received or Expected	Amount	How Often
		\$	
		\$	
		\$	
		\$	
		\$	

3. Does the child own personal property which costs at least \$100 for each item or is now worth at least \$100 each?
If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.

Item	Purchase Price or Current Price
	\$
	\$
	\$
	\$
	\$

4. Does the child have any insurance coverage?
 If Yes, list below:

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

5. Does the child receive any of the following for free or in exchange for work that he/she does?
 If Yes, list below.

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
d. Clothes		\$

6. If the child is 16 years or older, is he/she presently attending school or a training program?
 If Yes, full time?

Is the child employed?

If Yes, how many hours per month? _____

List gross income and mandatory deductions below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

7. Does the child hold any property in his/her name?
 If Yes, list below:

Type	Address or Location

8. Does the child own, or have exclusive use of any motor vehicle(s)?
 If Yes, complete the following:

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

ADOPTION WORKER NAME	SIGNATURE	DATE
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