NC DSS Foster Care Funding Manual – Attachment A: Initial Federal Benefits Assessment and Management Tool for Children and Youth in Foster Care

Purpose and Instructions

The Initial Federal Benefits Assessment and Management Tool is used to identify, verify, and document the appropriate management of Social Security and Supplemental Security Income (SSI) benefits for children and youth entering foster care.

The assessment establishes the initial baseline for the child's federal benefits and should be completed based on the child's individual needs, circumstances, available resources, and other funding sources. Identification of a federal benefit does not automatically mean that the benefit may be used to pay or offset the cost of foster care.

When to Complete

The Initial Federal Benefits Assessment must be completed when a child enters foster care and in conjunction with completion of the DSS-5120.

If information about a federal benefit is not available at the time of entry, document the information known at that time and complete the appropriate follow-up when additional information becomes available.

General Instructions

Complete the assessment using information available to the county DSS agency at the time of the assessment. Consider the child's ***current and reasonably foreseeable needs, circumstances, resources, and other available benefits or funding sources****. Document the basis for decisions regarding the* ***use, partial use, or conservation*** *of benefits. Identification of a benefit does not, by itself, determine how the benefit must be managed. Verify benefit information when applicable and retain supporting documentation in the case record. Complete only the sections applicable to the child and the circumstances of the case.*

If a section does not apply, select N/A. No additional information is required for that section unless otherwise indicated. *Information already documented elsewhere in the case record may be referenced rather than unnecessarily duplicated.*

☐ ***N/A – This section does not apply to this child or the circumstances of this case.***

For purposes of the federal benefits assessment, selecting ***N/A*** *indicates that, based on information available to the county DSS agency:*

- *The child does* ***not currently receive Social Security or SSI benefits****;*
- *The child does* ***not have a parent who receives Social Security benefits*** *that may provide eligibility based on the parent's record; and*
- *The child does* ***not have a deceased parent*** *that may result in potential eligibility for Social Security survivor benefits.*
- *Child does not have a disability that may qualify for SSI benefits.*

When ***N/A*** *is selected, the remaining questions within that section do not need to be completed unless new information becomes available that indicates the section may apply. If information later becomes available indicating that the child may receive or be eligible for Social Security or SSI benefits, the county DSS agency must reassess the applicable section and complete the required follow-up.*

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I. CHILD AND ASSESSMENT INFORMATION

County DSS Agency: _____

Child's Name: _____

DOB: _____ **CNDS:** _____

Child Welfare Worker: _____

Fiscal Staff: _____

Date Child Entered Foster Care: _____

Date Assessment Completed: _____

DSS-5120 Date Completed: _____

II. FEDERAL BENEFITS SCREENING

Complete this section to determine whether the child is currently receiving or may potentially be eligible for Social Security or SSI benefits.

Screening Question	Yes	No	N/A	Uknown
Child or family reports that the child receives Social Security or SSI	☐	☐	☐	☐
A parent is deceased	☐	☐	☐	☐
A parent receives Social Security retirement or disability benefits	☐	☐	☐	☐
Child may be eligible for benefits based on a parent's Social Security record	☐	☐	☐	☐
Child has a parent or family member with information suggesting potential federal benefit eligibility	☐	☐	☐	☐
Child currently receives Social Security benefits	☐	☐	☐	☐
Child currently receives SSI	☐	☐	☐	☐
An application for Social Security or SSI has been submitted	☐	☐	☐	☐
Other information indicates potential federal benefit eligibility	☐	☐	☐	☐

If Yes or Unknown to any item above, document the benefit type, information available, and any follow-up actions.

Benefit Type: _____

Action/Referral Needed: _____

Date Action Taken: _____

Additional Information: _____

☐ **N/A – No federal benefit screening follow-up is applicable.**

III. FEDERAL BENEFIT INFORMATION AND VERIFICATION

☐ **N/A – Child is not receiving or potentially eligible for a federal benefit based on available information.**

Benefit Type

☐ Social Security Retirement
☐ Social Security Survivor/Death Benefit
☐ Social Security Disability Benefit
☐ Social Security Dependent Benefit
☐ SSI
☐ Other: _____

Monthly Benefit Amount: $_____

Effective Date: _____

Person/Entity Receiving Benefit: _____

Representative Payee: _____

Benefit belongs to:
☐ Child
☐ Other – explain: _____

Verification
☐ SSA award/benefit letter
☐ Payment history
☐ Representative payee documentation
☐ Account statement
☐ Other supporting documentation: _____

Documentation Reviewed/Date: _____

IV. SSI SCREENING AND REFERRAL

☐ **N/A – No information indicates a need for additional SSI screening or referral at this time.**

Consider whether circumstances indicate that the child may benefit from an SSI eligibility screening or referral.

☐ Significant physical or developmental condition
☐ Significant cognitive/intellectual impairment
☐ Significant emotional or behavioral condition
☐ Significant mental health condition or treatment
☐ Psychiatric hospitalization
☐ Higher-level behavioral health or residential treatment
☐ Significant functional limitations
☐ Significant educational or developmental supports
☐ IEP/504 or comparable supports
☐ Occupational, physical, or speech therapy
☐ Adaptive equipment or significant specialized services
☐ Other: _____

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Referral/Action Needed: _____
Date Referred/Action Taken: _____

This screening does not determine SSI eligibility. The Social Security Administration makes the final eligibility determination.

V. INDIVIDUALIZED BENEFIT MANAGEMENT ASSESSMENT

☐ **N/A – No federal benefit is currently available or identified for management.**

A. Child's Current Needs – Describe the child's current needs that may reasonably require financial resources.

_____

_____

B. Reasonably Foreseeable Needs – Identify reasonably foreseeable needs that may require future resources.

_____

_____

C. Other Resources – Identify other resources available to meet the child's needs.

_____

_____

D. Other Benefits/Funding Sources

☐ IV-E Foster Care Maintenance
☐ State Foster Home Funds (SFHF)
☐ SSI
☐ Social Security
☐ Adoption Assistance
☐ Other: _____

E. Benefit Management Determination

Based on the individualized assessment:

☐ Use benefits for identified needs
☐ Use a portion of benefits and conserve the remainder
☐ Conserve benefits
☐ Additional information/assessment needed
☐ Other: _____

Basis for Determination:

_____

_____

Important: *The determination must be based on the child's individual needs, circumstances, resources, and best interests. A blanket county practice or automatic use of benefits to offset foster care costs is not permitted.*

VI. CONSERVATION OF BENEFITS

☐ **N/A – Benefits are not being conserved.**

If benefits are conserved:

Amount Conserved: $_____

Where Funds Are Conserved:

☐ Individual savings/account
☐ Trust
☐ NC ABLE account
☐ Other protected account: _____

Account/Arrangement Verified: ☐ Yes ☐ No ☐ N/A

Documentation Reviewed: _____

VII. REPRESENTATIVE PAYEE RESPONSIBILITIES

☐ **N/A – Child does not receive Social Security/SSI benefits.**

Representative Payee: _____

Payee Documentation Verified: ☐ Yes ☐ No ☐ N/A

County DSS is Representative Payee: ☐ Yes ☐ No

Confirm that the representative payee's management of benefits is consistent with applicable SSA requirements and the child's individual needs.

☐ Child's needs reviewed
☐ Use/conservation decision documented
☐ Financial records reviewed/established
☐ Conservation account information documented
☐ Reassessment process established

Comments/Actions Needed:

_____

_____

VIII. FOSTER CARE FUNDING COORDINATION

☐ **N/A – No federal benefit or funding coordination is applicable.**

Identify applicable funding sources:

☐ Title IV-E Foster Care Maintenance
☐ SFHF
☐ SSI
☐ Social Security benefits
☐ Other: _____

Funding/Eligibility Determination: _____

Document any coordination required between the child's foster care funding and federal benefits.

_____

_____

IX. REQUIRED DOCUMENTATION

Check each item applicable to the case:

☐ Federal benefit screening completed
☐ Benefit type and amount verified
☐ Representative payee documented
☐ Individualized needs assessment completed
☐ Other resources considered
☐ Use/conservation determination documented
☐ SSA/SSI application or referral documented, if applicable
☐ Financial records documented
☐ Trust/ABLE/conservation arrangement documented, if applicable
☐ Funding coordination documented
☐ Follow-up/reassessment date established

☐ **N/A – No additional documentation is required.**

X. COUNTY DETERMINATION AND SUPERVISORY/FISCAL REVIEW

County Benefit Management Determination:

☐ Use for identified needs
☐ Partially use and conserve remainder
☐ Conserve
☐ Additional assessment/follow-up required
☐ N/A – No federal benefit identified

Required Follow-Up: _____

Completed By: _____ **Date:** _____

Supervisor: _____

Date Reviewed: _____

Fiscal Staff Review: _____

Date: _____

☐ Assessment reviewed
☐ Determination supported by individualized assessment
☐ Required documentation present
☐ Follow-up actions identified, if applicable
☐ N/A

Supervisor Comments:

_____

Next Annual Review/Update: _____