

PROCEDURES FOR APPLYING TO THE ADOPTION SUPPORT PROGRAM AND/OR REIMBURSEMENT OF ADOPTION FINALIZATION COSTS

The following information will help you in filling out the attached form to apply to the Adoption Support Program and to apply for reimbursement of costs in finalizing your child's adoption. Please complete an application form for each child. The application will be reviewed by the Adoption Support Program Consultant.

SECTION I: APPLICATION TO THE ADOPTION SUPPORT PROGRAM

Enter the following information:

- Last, first and middle name of the child to be adopted and anticipated adopted name.
- The child's date of birth.
- Your name, date of birth, race, and current occupation.
- Your address, city, state, zip, code, phone numbers.

SECTION II: ADOPTION FINALIZATION COSTS FOR REIMBURSEMENT

(Fill out this section if you are requesting a refund of the costs incurred in finalizing the adoption). These costs may be estimated. **MAXIMUM REIMBURSEMENT IS \$1,500.00.**

A. Legal fees are the fees you paid the attorney for services, court filing fees, copying fees, and the birth certificate.

B. Transportation costs are the expenses you incurred in traveling to visit the child before placement in your home. Reimbursement is at the same rate as state employees.

C. Medical costs for physical examination report(s) from your doctor and/or medical exam(s) for your child to be adopted.

D. Adoption Agency fees are fees you paid to a private agency.

After the adoption is finalized your authorized costs will be reimbursed when we receive the following:

- A confirmed copy of the adoption decree
- A copy of the bills which show you paid for the services you itemized on the form
- A valid receipt for paid services, or
- A copy of a canceled check

Reimbursement will be paid to the family 30 days of receipt of the above items.

SECTION III: SERVICES REQUESTED

Please check the boxes to indicate which services you are requesting to benefit the child you are adopting and that you understand the requirements of those services. If this is a two parent adoption, both parents must sign and date the form.

APPLICATION FOR THE ADOPTION SUPPORT PROGRAM AND/OR REIMBURSEMENT OF ADOPTION FINALIZATION COSTS

SECTION I – APPLICATION TO THE ADOPTION SUPPORT PROGRAM					
BIRTH NAME OF CHILD BEING ADOPTED (Last, First, Middle)		ANTICIPATED ADOPTED NAME (Last, First, Middle)		DATE OF BIRTH	
PROSPECTIVE ADOPTIVE PARENT(S)					
NAME(S) (LAST, FIRST, MIDDLE)		DATE OF BIRTH	RACE	CURRENT OCCUPATION	
ADDRESS			CITY	STATE	ZIP CODE
PREFERRED PHONE NUMBER	ALTERNATE PHONE NUMBERS		E-MAIL		
SECTION II – ADOPTION FINALIZATION COSTS FOR REIMBURSEMENT					
Are you eligible for reimbursement of adoption expenses from your employer or any other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, from whom:			Amount available \$		
A. LEGAL FEES		OFFICE USE ONLY APPROVED	C. MEDICAL COSTS		OFFICE USE ONLY APPROVED
Attorney fees	\$		Family physicals	\$	
Court/filing fees	\$		Adoptive child physicals	\$	
Copying fees	\$		Other:	\$	
Birth Certificate	\$				
Other	\$				
B. TRANSPORTATION COSTS FOR COMPLETING THE PLACEMENT PROCESS			D. ADOPTION AGENCY FEES:		
Meals	\$			\$	
Lodging	\$		E. TOTAL AMOUNT (Add A, B, C, and D)		\$
Travel: miles at	\$				
SECTION III – SERVICES REQUESTED					
<p>I am requesting the following services: (Please check service boxes and initial your understanding of service requirements).</p> <p><input type="checkbox"/> A monthly subsidy to assist with some of the expense directly related to the identified needs of the child.</p> <p>_____/_____/_____ understand that the amount of subsidy will be negotiated with the adoption support program consultant.</p> <p>A review of the Adoption Support agreement will be completed upon request and a copy of current federal income tax return (IRS 1040) must be provided as long as payment or services is received.</p>			<p><input type="checkbox"/> Adoption finalization costs</p> <p>_____/_____/_____ understand that to receive reimbursement I must submit a copy of the adoption decree, as well as, receipts and/or proof of payment related to the adoption.</p> <p><input type="checkbox"/> Counseling</p> <p>_____/_____/_____ understand that counseling and evaluation services are limited and must be requested and approved before the service begins. If my child is covered by private insurance, it must be billed first.</p> <p><input type="checkbox"/> Medical coverage (Medicaid title XIX)</p> <p>_____/_____/_____ understand that if my child is covered by private insurance, it must be billed first.</p>		
PARENT(S) SIGNATURE		DATE	PARENT(S) SIGNATURE		DATE