

INSTRUCTIONS TO COMPLETE ADOPTION SUPPORT MODIFICATION WORKSHEET (DCYF 10-082)

This worksheet is to be used when you are requesting a modification to the amount of Adoption Support Monthly Maintenance you receive for your child(ren). To be eligible for a modification, one or both of the following must exist:

1. There is a change in the needs of the child, or
2. There is a change in the circumstances of the family

The information in this worksheet, along with the supporting documentation you provide, will be used to help in determining the modification to the amount of monthly maintenance you receive, if eligible.

PLEASE:

- Fill out the worksheet as completely as possible
- Complete a worksheet for EACH CHILD OR YOUTH you are requesting a review for

SECTION 1: REASON FOR MODIFICATION REQUEST

Please check the box for each reason that applies to your current modification request. Please use the “describe” section to fully explain the change related to the reason(s) for the request. Use the “Extra Space” page if needed.

SECTION 2: CHILD’S SPECIAL NEEDS AND RELATED EXPENSES

Enter the following information:

- **Child’s Special Needs and Related Expenses** is where you list the name of the identified expense (ie. Basketball, adaptive equipment, sensory tools/etc.)
- **Monthly Expense** is where you list the total monthly expense related to your child’s special need(s)
- **Amount Provided by Parent** is the portion of the monthly expense your family is able to provide
- **Amount Assistance Requested** is the portion of the total expense your family is requesting Adoption Support assist with

Example: A doctor or medical/mental health professional recommends extracurricular activities such as swimming lessons, martial arts or sports to address your child’s gross motor, sensory, peer relationship or other special need. Specifically, your child is enrolled in Taekwondo at \$50/month, and a sports-related summer camp at \$840 for 8 weeks*. Based on your budget, you feel your family is able to cover half of the cost of these expenses, and request that Adoption Support assist with the other half.

***TIP:** We encourage your family to sit down and review your budget and expenses to get a realistic idea of the amount of financial resources your family is utilizing on a monthly basis to support your child’s special needs. We recognize not all expenses happen monthly, but reviewing and thinking about expenses within a year can help you to think about those expenses that happen bi-monthly, twice a year, or only once a year. In the above example, the family would take \$840 divided by 12 months = \$70/month for this expense.

Section 2. Child’s Special Need and Related Expenses			
CHILD’S SPECIAL NEEDS AND RELATED EXPENSES	MONTHLY EXPENSE	AMOUNT PROVIDED BY PARENT	AMOUNT ASSISTANCE REQUESTED
Taekwondo	\$150	\$75	\$75
Summer Camp	\$840/year = \$70/month	\$35	\$35

SECTION 3: FAMILY CIRCUMSTANCES

Please fill out this section as completely as possible, based on what applies to your family. This section is intended to provide the Adoption Support Program with information to consider your family's current circumstances, and ability to provide for your child's current needs.

Family and Community Resources:

- The number of people supported by the applicant's income and resources should *not* include any foster children currently in the home. The child(ren) already adopted should be included.
- Gross monthly income is the income before taxes, insurance, and other deductions.
- Additional sources of income may include child support, funds from Social Security benefits for yourself or your child(ren), veteran benefits, per capita, etc.

Average Expenses:

- Do your best to provide an average and accurate amount of all the monthly fixed and variable expenses your family is responsible for.
- If you have another method of providing your family budget (Word document, Excel document, etc.) you are welcome to attach that instead. You can also use the Extra Space page or attach additional paper to the Adoption Support Renegotiation Worksheet.

*If there isn't enough room on these forms to provide all information, please feel free to include additional documents.

SECTION 4: MODIFICATION

In this section, please identify the amount of total Monthly Maintenance you are requesting to modify to.

*Any amount of Monthly Maintenance may not exceed the statutory cap for the Adoption Support Maintenance payment. RCW 74.13A.047; WAC 110-80-0220(3).

Reminder: The overall intention of the Adoption Support Program is to combine with a family's own resources, as well as community resources, to **assist** in covering the ordinary and special needs of the child. Cash payments, and benefits overall, are unique to every family and child.

SECTION 5: SIGNATURE(S) of ADOPTIVE PARENT(S)

Please sign and date the form.



ADOPTION SUPPORT MODIFICATION WORKSHEET

NAME OF CHILD	NAME OF ADOPTIVE PARENT(S)	DATE
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Section 1. REASON FOR MODIFICATION REQUEST: Check All That Apply

A change in the special needs of the child or youth
Describe:

A change in the circumstances of the adoptive family
Describe:

Section 2. CHILD'S SPECIAL NEEDS AND RELATED EXPENSES

CHILD'S SPECIAL NEEDS AND RELATED EXPENSES	MONTHLY EXPENSE	AMOUNT PROVIDED BY PARENT	AMOUNT ASSISTANCE REQUESTED
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Section 3. FAMILY CIRCUMSTANCES

Family and Community Resources

Please list resources your family is currently accessing, or those services that are available, to offset the additional costs related to caring for your child. Examples are listed below.

SOURCE	AMOUNT
Gross monthly income	
Number of people supported by income:	\$
Supplemental Security Income (SSI), Social Security (SSA) / Veterans Benefits	\$
Child Support (for other children in the home)	\$
Working Connections Child Care Co-pay	\$
Other:	\$
Family Medical Insurance List provider:	
Developmental Disability Administration and/or Medicaid Personal Care	
Birth to Three / Early Head Start / ECEAP / Developmental Preschool	

Average Expenses

MONTHLY EXPENSES	AMOUNT	MONTHLY EXPENSES	AMOUNT
Housing	\$	Medical	\$
Utilities / phone	\$	Child Support	\$
Food	\$	Loans (not mortgage or rent)	\$
Car	\$	Credit card payments	\$
Insurance	\$	Dependent care	\$
Family Medical insurance	\$	Child care	\$
Educational expenses	\$	Other:	\$

Section 4. REQUESTED MODIFICATION

Current Monthly Cash Payment \$ _____

New Monthly Cash Payment Requested \$ _____ (total monthly amount requested)

Section 5. SIGNATURE(S) of ADOPTIVE PARENT(S)

ADOPTIVE PARENT SIGNATURE	DATE	ADOPTIVE PARENT SIGNATURE	DATE
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Extra Space if Needed