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| **State_Seal3** | | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  **Declaration of Financial Status for Adoption Support Application**  FOR CHILD PLACED INTO PRIVATE AGENCY CUSTODY OR WITH A NON-IV-E AGENCY | | | | | | | | | | | | | | | | | | | | | | | |
| **Section I – To be Completed by Private Agency Social Worker** | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE AGENCY | | | | | CHILD | | | | | | | | | | | | | | | | | | | | |
| 1. PRIVATE AGENCY NAME    For-Profit  Non-profit | | | | | 4. CHILD’S BIRTH NAME | | | | | | | | | | | | | | | | | | | | |
| 2. PRIVATE AGENCY SOCIAL WORKER’S NAME | | | | | 5. CHILD’S PRESUMPTIVE ADOPTIVE NAME (IF KNOWN) | | | | | | | | | | | | | | | 6. CHILD’S BIRTH DATE | | | | | |
| 3. PRIVATE AGENCY SOCIAL WORKER’S PHONE | | | | | 7. CHILD’S SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | 8. CHILD’S PERSON ID NO. | | | | | |
| **Eligibility Month** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note: T**he Eligibility Month is the month in which the court action that resulted in the removal of the child from the parent(s) was initiated. This would be the month in which the petition for removal of the child from the biological parent(s)’ care was filed. If no petition or other initiating document, use the date of the very first court order removing the child from the parent(s) to determine the Eligibility Month. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. ELIGIBLITY MONTH FOR THIS CASE IS: (MM/YYYY)** | | | | | | **The remainder of this form is to be completed by the parents concerning their circumstances in this Month and Year only.** | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 10. When did the child last live under the care and responsibility of one or both parents? | | | | | | | | | | | | | | | | | | REMOVAL DATE (MM/DD/YYYY) | | | | | | | |
| **Section II – To be Completed by the Parent(s)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. MOTHER’S FULL NAME | | | | | | | | | | 6. We are currently living together, beginning:    MONTH / YEAR  7. We do not currently live together, but lived together from:  to  MONTH / YEAR MONTH / YEAR  8. We have never lived together. | | | | | | | | | | | | | | | |
| Single  Married  Divorced  Separated  Widowed | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 2. I AM THE BIRTH MOTHER OF: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 3. THE CHILD WAS BORN ON: (MM/DD/YYYY) | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 4. THE CHILD’S BIRTHPLACE WAS:  CITY STATE COUNTRY  ,, | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 5. FATHER’S FULL NAME | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Single  Married  Divorced  Separated  Widowed | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Persons Living in the Home** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Complete the following information for all adults (**age 18 and over**), including yourself, living at your address in the Eligibility Month. The Eligibility Month is:  (from Section I, number 9).  MM/YYYY | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | SOCIAL SECURITY NUMBER | | | | | BIRTH DATE | | | | | RELATIONSHIP TO ME (SON, MOTHER, FRIEND, ETC.) | | | | | | | | | U.S. CITIZEN  YES NO | | QUALIFIED ALIEN  YES NO |
|  | | | |  | | | | |  | | | | |  | | | | | | | | |  | |  |
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| 10. Complete the following information for all adults (**age 17 and under**) living at your address in the Eligibility Month. The Eligibility Month is:  (from Section I, number 9).  MM/YYYY | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | SOCIAL SECURITY NUMBER | | | | | BIRTH DATE | | | | | RELATIONSHIP TO ME (SON, MOTHER, FRIEND, ETC.) | | | | | | | | | U.S. CITIZEN  YES NO | | QUALIFIED ALIEN  YES NO |
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| **Earned Income** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Complete the following information for yourself and all household members working (including self-employment) in the Eligibility Month. The Eligibility Month is:  (from Section I, number 9).  MM/YYYY | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | EMPLOYER | | | | | | | | GROSS MONTHLY INCOME AMOUNT | | | | | HOURS PER MONTH | | | | | DATE(S) PAID | | | | |
| a. | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |
| b. | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |
| c. | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |
| d. | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |
| e. | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |
| f. | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |
| 12. If not working in the Eligibility Month, complete the following information for yourself and all household members who have worked (including self-employment) at any time during the last 24 months. | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | DATE LAST WORKED | | | | | DATE LAST PAID | | | | | CURRENT SOURCE OF INCOME | | | | | | | | | | | | |
| a. | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| b. | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| c. | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| d. | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| e. | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| f. | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| **Unearned Income** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Complete the following section for all household members. I / we received money (unearned income) from the following sources in the Eligibility Month. The Eligibility Month is:  (from Section I, number 9).  MM/YYYY | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | | | YES NO | | PERSON WITH INCOME | | | | | | | MONTHLY AMOUNT | | | | | AMOUNT RECEIVED IN THE ELIGIBILITY MONTH AND DATE(S) | | | | | | | | |
| Public Assistance | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Unemployment Compensation (UC) | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Social Security benefits (SSA) | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Supplemental Security Income (SSI) | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Railroad benefits | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Retirement / pension | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Child Support / alimony | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Insurance benefits | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Trust or Annuity | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Money from roomers / boarders/ renters | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Veteran’s benefits | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Labor and Industries benefits (L&I) | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Military allotment | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| School grants or loans | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Cash prizes (bingo, lottery, etc.) | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Money from parents, relatives, friends | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Interest or dividend income | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Tribal Gaming Money | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| Other Income | | |  | |  | | | | | | |  | | | | |  | | | | | | | | |
| 14. If you have no earned or unearned income, please explain how you met living expenses in the Eligibility Month. The Eligibility Month is:  (from Section I, number 9).  MM/YYYY  EXPLANATION: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resources** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. I / we, including children, owned or had a share in one or more of the following in the Eligibility Month. The Eligibility Month is:  (from Section I, number 9).  MM/YYYY  If you are the parent, and you are age 17 or under and living with your parent(s), also list the resources of your parent(s) below. | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | | | | | YES NO | | PERSON WITH RESOURCE | | | | | | | | TOTAL VALUE | | | | | | | WHERE LOCATED | | | |
| Money on hand (cash) | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Checking account | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Savings account / Certificates of Deposit | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Credit Union account | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Retirement fund, IRA, KEOGH, etc. | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Money held by others | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Stocks / bonds/ mutual funds | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Trust or annuity account | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Life insurance | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Prepaid funeral plan (not life insurance) | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Money for funeral / burial | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Burial plots | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Sales contract | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Property on which you live | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Property on which you are not living | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Business equipment (tools, machinery) | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Livestock (horses, cattle, sheep) | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Timber / crops | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| Other: | | | | |  | |  | | | | | | | |  | | | | | | |  | | | |
| 16. I / we own or am (are) buying a car or other vehicle (truck, boat, motor home, snowmobile, motorcycle, etc.) or camper and / or trailer.  Yes  No If yes, list the item(s) even if not in your possession: | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITEM | OWNER OR BUYER | | | | | | YEAR | | | MAKE | | | | | MODEL | | | | VALUE | | | | | AMOUNT OWED | |
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| 17. I / we use a vehicle for medical purposes.  Yes  No If yes, list vehicle:  18. I / we use a vehicle for employment.  Yes  No If yes, list vehicle: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTH MOTHER’S SIGNATURE DATE | | | | | | | | | BIRTH FATHER’S SIGNATURE DATE | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE AGENCY SOCIAL WORKER’S SIGNATURE DATE | | | | | | | | | | | | | | | | | | | | | | | | | |