

Request for Extension and Disability Verification For Youth Over Age 18

If you are requesting an extension of adoption support beyond your child's eighteenth birthday, please return this form along with your child's high school enrollment verification. You will need to provide the requested documentation from your child's medical care provider or school if he/she has a disability, as requested below.

CHILD'S NAME	DATE OF BIRTH	Does your child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADOPTIVE PARENT NAME (S)	EMAIL
ADDRESS	PHONE

		Yes	No
1.	Does your child have physical limitations due to injury or disease? If yes, please attach current doctor's report. Diagnosis:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your child have emotional or behavioral problems? If yes, please attach current therapeutic report. Diagnosis:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your child have an IEP or 504 plan? If yes, please attach current school documentation. Diagnosis:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your child live in your home? If not, where is your child residing:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is your child receiving Supplemental Security Income (SSI)? Type Amount	<input type="checkbox"/>	<input type="checkbox"/>
6.	Will you still be providing financial support after your child turns 18?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you requesting Medicaid be extended for your child?	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature

Date