

Adoption Subsidy Check List



Child:

Date of Referral:

Assigned Subsidy Worker:

Adoption Subsidy Referral

Asset Statement

Birth Medical Records, which either show admission by the mother of drug use or positive toxicology screens (drug tests), especially for prenatal drug exposure as special needs risk factor(s).

Birth Certificate

Social Security Number

IV-E determination

Copy of Court Order(s): Commitment, TPR, Relinquishment, Consents, Waiver

Adoption Petition

Medical Report

Psychological Report

IEP

Other

Child & Family Services Agency, District of Columbia
Application for Subsidized Adoption

A. IDENTIFYING INFORMATION ON PROSPECTIVE ADOPTIVE PARENTS:

Adoptive Parent: _____
Last
First
Middle

Social Security Number: _____ Date of Birth _____ Place of Birth _____

Address: _____
Street Address

City
State
ZIP

Home Phone: () _____ Work Phone: () _____
 Fax number: () _____ Cell phone: () _____ e-mail: _____

Name of Employer: _____
 Address of Employer: _____
 Occupation: _____ Retired? _____ Disabled? _____

Adoptive Parent: _____
Last
First
Middle

Social Security Number: _____ Date of Birth _____ Place of Birth _____

Address: _____
Street Address

City
State
ZIP

Home Phone: () _____ Work Phone: () _____
 Fax number: () _____ Cell phone: () _____ e-mail: _____

Name of Employer: _____
 Address of Employer: _____
 Occupation: _____ Retired? _____ Disabled? _____

Other Members of Household (Use additional Page if necessary)

Full Name	D.O.B.	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. CHILD(REN) TO BE ADOPTED

<u>Names</u>	<u>D.O.B.</u>	<u>Child's relationship to applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. RESOURCES

ADOPTIVE PARENT ADOPTIVE PARENT

Annual Salary \$ _____ \$ _____

Other Income (specify) \$ _____ \$ _____
(for example disability, workmen's comp, retirement, interest, earned income credit etc.)
(do not include any current foster care payments which you receive)

Total Combined Annual Income \$ _____

	Adoptive Parent	Adoptive Parent	JOINT ACCOUNT
Savings Account	\$ _____	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____	\$ _____
Money Market, etc.	\$ _____	\$ _____	\$ _____

D. INSURANCE COVERAGE

Does applicant have Life Insurance? () yes () no

If yes, indicate Persons Covered: _____

Name of Insurance Company: _____

Amount of Coverage: \$ _____

Does applicant have Health Insurance? () yes () no

Name of Insurance Company: _____

Type of Coverage: () Self only () Self and Spouse () Self and Family

Child(ren) being placed in adoption will _____ will not _____ be covered by the applicant's health insurance upon receipt of the adoption decree. Has applicant contacted their health insurance and benefits office to verify terms of coverage and eligibility? () yes () no

E. MONTHLY FAMILY EXPENDITURES

Mortgage Payment \$ _____
 Rent \$ _____

 Utilities \$ _____
 Gas \$ _____
 Oil \$ _____
 Electric \$ _____
 Water \$ _____
 Telephone \$ _____
 Cell Phone \$ _____
 Cable \$ _____
 Internet \$ _____

 Insurance:
 Health \$ _____
 Life \$ _____
 Car \$ _____
 Other \$ _____

Food \$ _____
 Clothing \$ _____
 School Expenses \$ _____
 Recreation \$ _____
 Medical Expenses \$ _____
 (Not covered by insurance)
 Car Payment \$ _____
 Transportation \$ _____
 Church \$ _____
 Union dues \$ _____
 Retirement \$ _____
 Pets \$ _____
 Publications \$ _____
 Other Expenses (specify) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Sub-total \$ _____
 Total Monthly Expenditures \$ _____
 Total Annual Expenditures \$ _____

 Adoptive Parent's Signature Date

 Adoptive Parent's Signature Date

RETURN TO:

Name: _____

Title: _____

Address: _____

Child & Family Services Agency, District of Columbia
Adoption Subsidy Referral

Section I: Information on Adoptive Parents

Adoptive Parent(s) Name: _____

Adoptive Parent's Current Address: _____

Street Address State ZIP

Home Phone: () _____ Work Phone: () _____

Please provide the following information on the adoptive parent(s):

1. Social Security No.: Mother: _____ - _____ - _____ Father: _____ - _____ - _____

2. Parent(s) DOB: Mother: _____ Father: _____

3. Facility No.: _____

4. Current Daily Rate: _____ (Please specify which child receives which rate)

Were the children originally foster children in the adoptive home? Yes _____ No _____; If not, What efforts were made to place the child without a subsidy _____

Were the adoptive parents asked to consider placement without a subsidy? Yes ___ No ___

Section II: Information on Children

Children's Names:	Date of Birth	Client Number	Social Security #	Medicaid Number	Is the child related to the caretaker(How)?
A. _____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____

Reason for Referral: (Provide a short diagnostic statement regarding child's history and reason for subsidy; provide additional sheets as necessary). If the subsidy request is due to child's developmental delays, a thorough developmental evaluation is required, include documentation.

Please refer to each child by using the letters above.

- _____ 1. Age 2 and over
- _____ 2. Sibling group being adopted
- _____ 3. Physically, mentally or emotionally handicapped*
- _____ 4. Legally free for six months and not placed
- _____ 5. Foster parent adoption
- _____ 6. Member of a minority (*note: not currently a sole criteria for subsidy eligibility*)
- _____ 7. High risk of development of a physical or mental disease (*note: not a factor under D.C. Law*)
- _____ 8. Other

• ATTACH SUPPORTING MEDICAL DOCUMENTATION TO INCLUDE DIAGNOSIS, PROGNOSIS AND TREATMENT INDICATED.

Section II: Title IV-E information

Was the child eligible for Title IV-E foster care benefits? Yes ___ No ___
 If not, why not? _____
 Is the child a recipient of SSI? Yes ___ No ___
 If the child is severely disabled, has application been made for SSI? Yes ___ No ___
 If not, why not? _____
 (e.g. no judicial determination within 180 days of removal or no reasonable efforts language)

Does the child have assets or unearned income greater than \$2,000? Yes ___ No ___
 If yes, are the resources placed in an inaccessible trust? Yes ___ No ___

What is the current foster care rate being paid on behalf of this child(ren): _____
 Indicate the amount of the proposed monthly adoption subsidy grant: _____

Section III: Information regarding legal status of the adoptive child:

a. Has the identity of the birth parents been established?

Mother: Yes ___ No ___ Father: Yes ___ No ___
 Please attach copies of any judicial finding regarding inability to ascertain the parent's identity.

b. Is one of the birth parents deceased?

Mother: Yes ___ No ___ Father: Yes ___ No ___
 if yes, please attach documentation, i.e. death certificate, obituary, etc.

c. Was the child voluntarily relinquished by either or both parent(s)?

Mother: Yes ___ No ___ Father: Yes ___ No ___
 if yes, attach copies of the relinquishment(s)

d. Prior to the relinquishment, had the child been committed to the agency? Yes ___ No ___

e. Prior to relinquishment, was there judicial (court) involvement due to an open neglect case?
 Yes ___ No ___

f. Is there a Court document placing the child in the custody of the agency which is dated within 180 days of the date the voluntary relinquishment was signed? Yes ___ No ___; if yes, indicate the date of the custody document (please attach a copy)

g. Is there a document stating that the mother consents to the adoption? Yes ___ No ___
 Is there a document stating that the father consents to the adoption? Yes ___ No ___
 if yes, please attach copies

h. Are there Court document(s) terminating parental rights of known living birth parent(s)?
 Yes ___ No ___; if yes, please attach copy of the document(s)

Section IV: Court information:

Has Inter-state Compact approval been received (Date)? _____
 Has an adoption petition been filed in this case? (Please attach copy) _____
 What is the A-number of the case? _____
 When is your next court hearing on this case? _____
 Is this adoption contested or uncontested? _____

Please note that developmental and psychological evaluations should be within the last year. If you are requesting that the child be deemed special needs due to pre-natal drug

exposure, you must submit medical records from birth which show either an admission by the mother of drug use or positive toxicology screens (drug testing). If you don't have these, please submit a brief statement regarding maternal drug history, e.g. "X has been in three drug rehab programs, both before and after this child's birth. She is an IV drug user."

*** IMPORTANT NOTE **** *** IMPORTANT NOTE: **** *** IMPORTANT NOTE:

In order to process this referral, all documents and information required need to be attached and submitted with this referral. If information is not attached, give reason and state when information will be submitted. Provide the following information on each child:

- Petition to Adopt (**Must** accompany the referral application)
- Assets Statement (Note: this is the first page of the initial adoptions report, where it says that the child has no assets)
- Legal Status on the Birth Mother (TPR, Death Certificate, Relinquishment, Consent to Adopt, Waiver of Consent)
- Legal Status on the Birth Father (TPR, Death Certificate, Relinquishment, Consent to Adopt, Waiver of Consent)
- Medical Documentation
- Copy of Birth Certificate/ Social Security Card
- IV-E Summary
- Commitment Order
- Final Decree of Adoption

Signature of Referring Worker

Print Name

Date

Signature of Supervisor

Print Name

Date

Agency

Phone Number