POLICY TITLE: Adoption Subsidy		PAGE 1 OF 9
	CHILD AND FAMILY SERVICES AGENCY **Approved by: Roque Gerald** Agency Director **Date: May 5, 2011**	**REVISION HISTORY:**
LATEST REVISION: May 2, 2011	**EFFECTIVE DATE:** May 5, 2011	

I. AUTHORITY	The Director of Child and Family Services Agency adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including the DC Official Code § 4-301 and the modified final order and implementation plan in *LaShawn A*. v. Fenty.
II. APPLICABILITY	This policy applies to all Agency employees and contracted personnel.
III. RATIONALE	The purpose of this policy is to identify the circumstances and process for receiving an Adoption Subsidy. The Adoption Subsidy program provides financial assistance to make adoption possible for children with special needs that might otherwise remain in long-term foster care. Through the provision of Adoption Subsidy, more children can be provided with permanent adoptive homes and the security, love, and nurturing of a family. The District may be eligible for federal Adoption Incentive funds if it meets the adoptions-related benchmarks outlined in Section 473A(b) of the Social Security Act.
IV. POLICY	It is the policy of the Child and Family Services Agency to provide an adoption subsidy to individuals that adopt children with special needs that are involved in the District's Child Welfare System. The Adoption Subsidy Program provides financial support subsidy and/or medical subsidy to encourage the placement of special needs children with adoptive families. Support Subsidy assists with the payment of expenses related to caring for and raising the child. Medical Subsidy assists with the costs of necessary treatment for a physical, mental, or emotional condition which existed, or the cause of which existed prior to the adoption. Upon the finalization of the adoption process, the adoptive parent will receive a monthly Adoption Subsidy. The monthly Adoption Subsidy will be based upon current CFSA foster care rates consistent with the special needs of the child. If the child has or is eligible for income from other sources (i.e. social security benefits) the subsidy amount may be reduced. The Adoption Subsidy is intended to supplement the adoptive family's financial resources by serving as an additional resource to help integrate the child into their family and meet that child's special needs. Medical provisions will be provided through the Medicaid program in the adoptive parent's state of residence.

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VII. PROCEDURES	**Procedure A: Eligibility Criteria** 1. In order for a child to qualify for an adoption subsidy, all of the following criteria shall be met: a. The Agency has determined that the child cannot or should not be returned to the home of his/her parents and the child is legally free for adoption (e.g., either termination or relinquishment of parental rights). b. A specific factor or condition exists which precludes the child from being placed for adoption without financial assistance. c. Efforts have been made to place the child without providing adoption subsidy (i.e., registration on an Adoption Exchange, Wednesday's Child, or other recruitment efforts). In the case of the foster child who has established significant emotional ties with his/her pre-adoptive parent or is being adopted by a relative, CFSA may certify the foster child as eligible for a subsidy without searching for families willing to adopt the child without a subsidy. 2. The child is eligible for subsidy when the child is determined to have special needs based on one or more of the following conditions: a. The child has a chronic medically diagnosed disability that substantially limits one or more major life activities, or requires professional treatment, or assistance in self-care. b. The child has been diagnosed by a qualified mental health professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services. c. The child has been determined to be mentally disabled by a qualified medical professional. d. The child has been diagnosed by a qualified mental health professional to have a behavioral or emotional disorder characterized by situational inappropriate behavior that deviates substantially from behavior appropriate to the child's age and interferes significantly with the child's intellectual, social, and personal adjustment.

e. The child meets all medical or disability requirements of Title XVI of the Social Security Act with respect to eligibility for supplemental security income benefits.

f. The child is a member of a sibling group, in which the siblings should be placed together and the adoptions must be finalized at the same time.

g. The child is of an age or has an ethnic or racial background which presents a barrier to adoption.

h. The child has been legally free for adoption for 6 months or more and an adoptive placement has not been found.

Note: there is no income eligibility requirement or means test for determining eligibility for adoption subsidy.

3. Non-citizens adopted outside the United States or those brought into the United States from abroad for the purposes of being adopted are not IV-E eligible and are not eligible for adoption subsidy.

Procedure B: Application Process

Any person(s) who wishes to receive an adoption subsidy must apply to CFSA. CFSA shall assist those interested in applying and the below application process shall be followed:

1. The ongoing social worker shall determine that the eligibility criteria have been met prior to making a referral to the adoption subsidy program.

2. If the child and prospective adoptive parent(s) meet the Eligibility Criteria found under *Procedure A* the ongoing social worker shall complete and submit the packet to the subsidy unit supervisor within 15 calendar days from the time the Adoption Petition is filed. This process shall consist of all of the following steps:
   a. Review the adoption subsidy program with the prospective adoptive parent(s) and provide all applicable forms.
   b. Assist the prospective adoptive parent(s) with completing the "Application for Subsidized Adoption" (Attachment A) and other applicable forms.
   c. Review the "Application for Subsidized Adoption" once completed by the prospective adoptive parent(s).
   d. Complete the "Adoption Subsidy Referral" (Attachment B).
   e. Submit the packet to the appropriate supervisor for review, approval and signature of the "Adoption Subsidy Referral".

3. The adoption subsidy referral packet shall consist of the following:
   a. Completed "Application for Subsidized Adoption" (Attachment A)
   b. Completed "Adoption Subsidy Referral" (Attachment B)
   c. Adoption Petition
   d. Current Commitment Order from the Court

e. Copy of the child's social security card
f. Copy of the child's birth certificate
g. Medical documentation (if level II or above is being requested)

4. The ongoing social worker shall also submit each of the following documentations necessary to complete the application process:
   a. Adoption Report and Recommendation Part I
   b. Documentation legally freeing the child for adoption (e.g., termination of parental rights, death certificate, waiver, consent, relinquishment or appropriate court order)

5. The subsidy unit supervisor shall log in the packet upon receipt.

6. Within 3 business days from the date the packet is logged in, the subsidy supervisor shall review the packet and determine whether it is complete.
   a. If the packet is incomplete, the subsidy supervisor shall return it to the referring supervisor, within 1 business day of the determination, along with the "Required Documents Checklist" (Attachment C) identifying the missing or incomplete information or form.
   b. If the packet is complete, a subsidy worker shall be assigned within 1 business day of the determination date.

7. If the subsidy worker determines that the applicant meets the eligibility criteria listed in *Procedure A* above, the subsidy worker shall prepare the "Subsidized Adoption Agreement" (Attachment D) and submit the Agreement for supervisory review. The Agreement shall be submitted to the subsidy supervisor within 30 calendar days from the date the case is assigned to the subsidy worker.

   Note: the subsidy worker shall send a copy of all correspondence with the applicant to the ongoing social worker and supervisor.

8. The subsidy supervisor shall immediately review the Subsidy Agreement for approval and return the Agreement to the subsidy worker.

9. The subsidy worker shall call to notify the applicant of the Agency's decision to accept or deny the subsidy request within 3 business days from the completion date of the supervisory review.
   a. If the subsidy is not approved, the subsidy worker shall send a Notice of Action (Attachment E) to the applicant to inform the applicant of the agency's decision.
   b. If the Subsidy Agreement is approved, the subsidy worker shall send the Notice of Action with information regarding the federal tax credit under section 23 of the Internal Revenue Code of 1986, and the Subsidy Agreement to the applicant for review and signature.
   c. The prospective adoptive parent shall accept or decline the subsidy decision and return the Agreement to the Agency within 30 calendar days.
   d. If the applicant disagrees with the Notice of Action, the applicant may appeal the decision through a written request for a fair hearing. *See*

Procedure G below.

10. Once the Subsidy Agreement is signed by the applicant and returned to the Agency, it shall be approved by the program manager within 3 business days of receipt and immediately returned to the subsidy worker.

11. The subsidy worker shall send a copy of the Agreement to the ongoing social worker within 1 business day.

12. The ongoing social worker shall incorporate the Subsidy Agreement into the final report and recommendation to the Agency's director for review and approval.

13. Upon the director's approval of the Subsidy Agreement, the ongoing worker shall submit the signed Subsidy Agreement to the court.

Procedure C: Notice to Subsidy Unit of Final Decree

1. The ongoing social worker shall notify the Subsidy Unit of the Court's decision to finalize the adoption.

2. The ongoing social worker shall send a copy of the Final Decree of Adoption to the Subsidy Unit within 5 business days of receipt.

Procedure D: Termination of Adoption Subsidy

1. An Adoption Subsidy Agreement shall be terminated under any of the following circumstances:
   a. Upon the earlier of the child's…
      i. 21st birthday
      ii. Residence outside of the adoptive parent's home, unless the adoptive parent can demonstrate that she/he retains financial responsibility for the child and substantial financial support for the child
      iii. Marriage
      iv. Death
      v. Enlistment in the military
   b. The adoptive parent is no longer the adoptive parent for the child.
   c. The adoptive parent is deceased.
   d. By the terms of the Agreement.

   Note: substantial financial support under this section may include but is not limited to payments for family therapy or other medical/clinical services, tuition, clothing, maintenance of special equipment in the home, or services for the child's special need.

2. The adoptive parent shall notify the Subsidy Unit within 2 weeks of the occurrence of any of the factors listed in *Procedure D(1)(a)and (b)* above, or any change of address.

	Procedure E: Subsidy Review 1. The Subsidy Unit shall complete a review of an adoption subsidy once each calendar year. 2. The Subsidy Unit shall also complete a review of the subsidy whenever CFSA has information that the factors listed in *Procedure D(1)(a)-(d)* above may apply; or upon the request of the adoptive parent(s). *Note: the Agency shall begin the review no later than 30 days from the receipt of the request.* 3. The review shall determine all of the following information: a. Whether the child continues to meet the eligibility criteria identified in *Procedure A* above b. Whether any of the factors listed in *Procedure D* (Termination of Adoption Subsidy), above, apply c. Whether there are any other factors that may necessitate a change in the adoption subsidy *Note: a review will not automatically qualify the applicant for a higher rate.* 4. For the annual review, the subsidy worker shall send by regular mail the "Adoption Subsidy Annual Review" and a letter outlining the review process to the adoptive parent(s) (Attachment F) at least 60 calendar days prior to the annual review date. The letter shall also contain the contact information of the assigned subsidy worker. 5. The subsidy worker shall send a second letter, by certified and regular mail, at least 30 calendar days prior to the review date if the adoptive parent(s) has not responded to the initial request for completion of the review form. 6. If the adoptive parent(s) submits a completed "Adoption Subsidy Annual Review" within 90 days after the review date, the Subsidy Unit shall complete the subsidy review. If the subsidy is continued, the subsidy supervisor shall authorize payments from the date on which the subsidy terminated or 90 days, whichever is shorter. 7. The adoptive parent(s) may request an interim review of the adoption subsidy when there is a change in the child's circumstances that would warrant a review. a. The adoptive parent(s) shall submit in writing a request for interim review of Adoption Subsidy Agreement to the Subsidy Unit. b. The subsidy worker shall conduct the review no later than 30 days after the written request is received by the Subsidy Unit. c. The annual review date shall be changed to 1 year from the date of the approval or denial of the interim review request.

8. An adjustment in the amount of the adoption subsidy made as a result of an interim review conducted may be made retroactive to the date the written request was received by the Subsidy Unit.

9. If the adoptive parent(s) requests a change in the adoption subsidy, the subsidy worker shall notify the adoptive parent(s) in writing, by certified mail, of the continuation, denial, reduction/increase, or termination of the adoption subsidy and explain the reason(s) for the decision and the fair hearing procedures, when applicable. (See the Fair Hearing Policy.)

10. If the adoptive parent(s) submits a completed "Adoption Subsidy Annual Review" within 90 days after the review date, the Subsidy Unit shall complete the subsidy review. If the subsidy is continued, the subsidy supervisor shall authorize retroactive payments from the date on which the subsidy terminated or 90 days, whichever is shorter.

11. The subsidy worker shall notify the adoptive parent(s) in writing, by certified mail, of the continuation, denial, reduction/increase, or termination of the adoption subsidy and explain the reason(s) for the decision and the fair hearing procedures, when applicable. (See the Fair Hearing Policy.)

Procedure F: Transferability of Adoption Subsidy

When an adoption dissolves or an adoptive parent(s) dies, the child shall remain eligible for an adoption subsidy if the child received title IV-E Adoption Assistance and if the child remains a special needs child.

1. When there is an adoption dissolution, the Subsidy Unit and the Post Permanency Unit shall assist the child's new custodian/caretaker with identifying alternative financial resources for which the child may be eligible (e.g., Supplemental Security Income, or Medicaid).

2. The child's new caretaker shall receive payments for the child's care for 3 months in order to help stabilize the household.

3. Upon dissolution of an adoption, the subsequent petition must be filed within 6 months. The child's caretaker may continue receiving subsidy payments beyond the 3 month period if the caretaker files a petition to adopt the child.

4. If the child is placed with a State agency that assumes the responsibility for his/her placement and care, the placing State shall determine whether the child meets the definition of special needs, and pay the subsidy in a subsequent adoption.

5. If a public child welfare agency is not involved in the subsequent adoptive placement of a child, the public child welfare agency in the subsequent adoptive parents' State of residence shall determine whether the child meets the definition of special needs, enter into the adoption assistance agreement, and pay the subsidy.

Note: the State of the child's initial adoption or the State that pays the title IV-E adoption assistance in the child's initial adoption is irrelevant in a subsequent adoption.

Procedure G: Appeals

1. An adoptive parent aggrieved by a decision of the Agency in connection with the denial, reduction, suspension, or termination of the adoption subsidy, including a failure to act on a request for review as outlined in *Procedure D* may appeal the decision through a written request for a fair hearing. (Attachment G)

Note: The subsidy worker shall send written notice to the adoptive parent through a Notice of Action within 10 business days before the subsidy modification. The subsidy worker shall provide immediate notice to an adoptive parent whose subsidy is denied, reduced, suspended or terminated on an emergency basis. The Notice of Action shall inform the adoptive parent of the right to appeal and shall include the Request for Fair Hearing Form (Attachment G).

2. An adoptive parent shall have 30 days from the date of the notice of action denying, reducing, suspending or terminating the adoption subsidy to request a fair hearing. The letter must be sent to CFSA Fair Hearings Office at the address indicated on the Request for a *Fair Hearing Form*.

3. The Fair Hearing Coordinator (FHC) shall schedule the hearing in coordination with the Office of General Counsel (OGC). The Hearing shall take place within 45 calendar days of the receipt of the appellant's request.

4. The FHC shall send written notice to the appellant informing the appellant of the date, time and place of the fair hearing. The notice shall be provided within 10 business days of the receipt of the request for a fair hearing and at least 10 business days in advance of the fair hearing.

5. The FHC shall notify the subsidy program administrator of each request for a fair hearing involving an adoption subsidy within 48 hours or 2 business days of receipt of the request.

6. The subsidy program administrator shall review each request for a fair hearing and other relevant case documentation.

7. Program Administrator's Review (PAR): The subsidy program administrator shall coordinate with the appellant to schedule an informal review within 15 calendar days of receipt of the fair hearing request.
   a. The appellant shall be advised by the subsidy program administrator that the informal review is optional and does not delay or replace the fair hearing process.
   b. The appellant shall be notified of the informal review and strongly encouraged to attend.
   c. The subsidy worker and subsidy supervisor shall attend the informal review unless otherwise determined by the subsidy program administrator.

	d. The subsidy program administrator shall notify the appellant, FHC and OGC in writing of the results of the informal review within 5 business days of the informal review (Attachment H). e. If the dispute is resolved at the PAR, the FHC shall cancel the fair hearing and notify the Hearing Examiner and all parties. 8. If the appellant elects not to participate in a PAR, or attends the PAR and is not satisfied with the administrator's decision, then the appellant shall proceed to the scheduled fair hearing. (See the Fair Hearing Policy.)

ATTACHMENT A

Government of the District of Columbia
Child & Family Services Agency

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

Name	D.O.B.	Child's relationship to applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. RESOURCES

	ADOPTIVE PARENT	ADOPTIVE PARENT
Annual Salary	$ _____	$_____
Other Income (specify)	$ _____	$_____

(e.g., 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	$ _____	Food	$ _____
Rent	$ _____	Clothing	$ _____
		School Expenses	$_____
Utilities	$ _____	Recreation	$ _____
Gas	$ _____	Medical Expenses	$
Oil	$ _____	(Not covered by insurance)	
Electric	$ _____	Car Payment	$ _____
Water	$ _____	Transportation	$ _____
Telephone	$ _____	Church	$ _____
Cell Phone	$ _____	Union dues	$ _____
Cable	$ _____	Retirement	**$** _____
Internet	$ _____	Pets	$ _____
		Publications	$ _____
Insurance:		Other Expenses (specify)	
Health	$ _____	_____	$ _____
Life	$ _____	_____	$ _____
Car	$ _____	_____	$ _____
Other	$ _____	_____	$ _____

Sub-total $

Total Monthly Expenditures $

Total Annual Expenditures $

_____
Adoptive Parent's Signature Date

_____
Adoptive Parent's Signature Date

RETURN TO:

Name: _____

Title: _____

Address: _____

ATTACHMENT B

Government of the District of Columbia
Child & Family Services Agency
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. Adopt Parent Social Security Nos. Parent: _____ - ____ - _____ Parent : _____ - ___ - _____
2. Adopt. Parent(s) DOB: Parent : _____ Parent: _____
3. Provider ID: _____

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. 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 (Upon Receipt)

_____ _____ _____ _____
Signature of Referring Worker Print Name Date

_____ __ _____ _____ _____
Signature of Supervisor Print Name Date

_____ _____
Agency Referring Worker's Phone Number

ATTACHMENT C

Government of the District of Columbia
Child & Family Services Agency

Required Documents Checklist for Adoption Subsidy

MEMORANDUM

TO: _____, Supervisor

FROM: _____, Subsidy Supervisor

DATE: _____, 20____

This memorandum is to notify you that the Adoption Subsidy packet submitted to the Subsidy Unit by _____ is incomplete. The following required documentation was not submitted or, if submitted, was not complete:

☐ Adoption Subsidy Referral _____
☐ Application for Adoption Subsidy _____
☐ Adoption Petition _____
☐ Current Commitment Order _____
☐ Birth Certificate _____
☐ Social Security Card _____
☐ Legal status document for the Birth Mother _____
☐ Legal status document for the Birth Father _____
☐ Medical/Psychological documentation (if applicable) _____
☐ Assets Statement (Part I of Report and Recommendations)_____

We are returning the packet to you. It may be returned to use when it is completed. If you have any questions, I can be reached at 202-_____-_____

cc: _____, Social Worker

ATTACHMENT D

COVER LETTER FOR ADOPTION SUBSIDY AGREEMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Insert date

Insert Name
Insert Address
Insert City, State, zip code

Re: Application for an Adoption Subsidy for **Insert child's name**:

Dear **Insert Name**:

Child and Family Services Agency (CFSA) has reviewed your application for an Adoption Subsidy on behalf of ***child's name***, and has made a subsidy determination on behalf of the child. The Adoption Subsidy Agreement (Agreement) for your child will include a maintenance payment, Medical Assistance (Medicaid card) and Post Permanency Services. (**note: include another line about services here if the child is awarded a service in the subsidy – ex. Child is allotted twenty-four (24) respite hours per month).** For a child who is residing in or moving to another state after adoption, the child's Medical Assistance (Medicaid card) will be transferred to the new state of residence.

Please read this Agreement in its entirety before signing. As a potential adoptive parent, you have a right to consult with your attorney before signing this Agreement. This Agreement must be submitted to CFSA and receive final agency approval before finalization of the adoption to comply with federal Title IV-E requirements.

The Agreement clearly spells out the benefits to be provided for your child, and identifies the provisions affecting those benefits. It will also specify the circumstances under which the benefits may be changed in the future, and whether such changes require a new Agreement and Agency approval. Please be advised that adoptive parents may request a review of the subsidy agreement. The request must be in writing, summarizing the reason(s) with any supporting documentation attached. Additionally, please find included, information regarding the Adoption Tax Credit (information available at **http:// www.irs.gov/taxtopics/tc607.html)**. Further information regarding the Adoption Tax Credit can also be found on the North American Council on Adoptable Children (NACAC) website @ **http://www.nacac.org/postadopt/taxcredit.html.**

Included in your packet are three copies of the Agreement for your review and signature (please return each of the three copies). Once the Agreement is signed and returned by you, and the agency official has given final approval to the Agreement, this will constitute a contract between the adoptive parent(s) and the CFSA subject to the laws of the District of Columbia and the regulations of CFSA. You will be given a copy of the final signed Agreement upon finalization of the Adoption.

If you have any questions or concerns, please contact _____, Subsidy Social Worker at (202) _____ or _____, Supervisory Social Worker at (202) ___.

Sincerely,

_____ _____
Subsidy Social Worker Supervisory Social Worker

cc:

ATTACHMENT E

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

ADOPTION SUBSIDY AGREEMENT

I (we), _____, hereby enter into this Adoption Subsidy Agreement (Agreement) with the District of Columbia Child and Family Services Agency (CFSA).

1. The payments made pursuant to this Agreement are made to financially support the care of _____ ("child"), a __male/female__ born _____, who is legally committed to CFSA custody and who I (we) are planning to adopt.

2. I (we) understand and agree that this Agreement is the sole and complete statement of the funds and services that I (we) shall receive from an adoption subsidy related to the child.

3. I (we) understand and agree that this Agreement is effective only upon the receipt of an order of adoption from the Family Court of the District of Columbia Superior Court.

4. I (we) understand and agree that if a final order of adoption is not received from the Family Court of the District of Columbia Superior Court within one (1) year of the date this Agreement is signed, this Agreement is null and void.

5. I (we) understand and agree that this Agreement is subject to the requirements of District and federal statute and regulation, including but not limited to DC Official Code, § 4-301.

6. I (we) understand and agree that this Agreement shall remain in full force and effect regardless of my (our) state of residence.

7. I (we) understand and agree that I (we) may review this Agreement with my (our) attorney prior to signing, and that I (we) have had the opportunity to review this Agreement with my (our) attorney.

_____ Initial here if you choose not to have the Adoption Subsidy Agreement reviewed by your attorney.

_____ Initial here if your attorney has reviewed the Adoption Subsidy Agreement.

Statement of Need

8. I (we) cannot adopt the child without an adoption subsidy. I (we) cannot afford to adopt the child without a maintenance subsidy and cannot meet her/his needs otherwise.

Eligibility

9. I (we) are eligible to receive an adoption subsidy because the child has special needs that make her/him difficult to place for adoption because he/she:

_____ is a member of a sibling group.

_____ is over two (2) years of age, and would likely not be placed in a permanent placement.

_____ would be difficult to place for adoption because of her or his racial or ethnic background, or physical or mental disability as follows:

• *Narrative about child if applicable*

10. The following evaluations and/or reports are contained in the child's adoption subsidy file: Evaluations and/or medical reports received after the effective date of this Agreement shall be maintained in the adoption subsidy file and may be utilized in future amendment to this Agreement in accordance with ¶18 of this Agreement.

11. I (we) shall notify the CFSA Subsidy Unit immediately and in writing if there is a change in the child's circumstances that may affect eligibility as set out in ¶9 of this Agreement.

Subsidy Amount and Services

12. I (we) shall receive the following adoption subsidy amount and services:

Payment for Non-Recurring Adoption Expenses for a Contested Adoption

• Amount: One-time payment, not to exceed two thousand dollars ($2,000).

• Use: To pay for attorney's fees, court costs and other expenses associated with the adoption proceeding.

Direct Monthly Payments for the Child's Maintenance

• Amount: $_____/day, which equals $_____ per 31 day month.

• Use: For maintenance costs necessary for the child's care and well-being.

Social Services

• To be provided under Title XX of the Social Security Act (homemaker services, day care, and protective services) in accordance with the procedures of the District of Columbia or of the State in which the child resides. For social services provided in the District of Columbia under Title XX but not offered by the child's State of residence, the District of Columbia, Child and Family Services Agency shall remain financially responsible for the provision of the services.

13. I (we) will be reimbursed for the payment of a service set forth in ¶12 of this Agreement upon submission of a cancelled check or other proof of payment, and a detailed invoice on the provider's letterhead. Alternatively, CFSA will pay the provider based on submission of a detailed invoice on the provider's letterhead.

14. I (we) am (are) eligible to receive, on behalf of the child, medical benefits provided for under Title XIX of the Social Security Act (Medicaid) as follows:

a. If I (we) reside in the District of Columbia, the child is eligible to receive Medicaid benefits through the District of Columbia.

b. If I (we) reside outside of the District of Columbia, and within the United States, the child will receive Medicaid in the state which I (we) reside. The District of Columbia is a member of the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (ICAMA). Under the provisions of ICAMA, children adopted from one state who reside in a different state are eligible to receive Medicaid through the state in which they reside. CFSA will submit an application for Medicaid benefits on behalf of the child to the state in which the child resides. I (we) will be responsible for the coordination of medical services for the child and the Medicaid office in the state of residence.

c. If I (we) reside outside of the United States, Medicaid is not available.

15. It is understood that subsidy does not pay for educational services, tuition, tutoring or related services as these are to be covered through the public school system. Subsidy does not pay for any therapeutic services (physical, occupational, speech/language, psycho/developmental), which can be obtained through the public school system or Medicaid. Daycare services will not be paid through the adoption subsidy. Payment for transportation services will not be included in the Subsidy Agreement.

16. Upon request, I (we) may also receive post-adoption services, which may include advocacy, support, information and referral and education.

17. Except as provided by ¶ 20 of this Agreement, the child's subsidy shall terminate upon reaching twenty-one (21) years of age.

Review of Agreement

18. This Agreement shall be reviewed: at least annually to determine the need for continuance of the adoption subsidy; when changed conditions arise that indicate that I (we) are no longer financially responsible for the child; or when I (we) submit a written request for a review setting forth reasons why this Agreement should be changed.

19. This Agreement may be modified or amended by a written addendum, signed by each of the parties, following a review as set forth in ¶18 of this Agreement.

Termination of Agreement

20. I (we) understand that this Agreement shall terminate: (1) upon the earlier of the child's: (a) 21st birthday; (b) residence outside my home, unless I (we) can demonstrate that I (we) retain financial responsibility for the child; (c) marriage; (d) death; or (e) enlistment in the military; (2) I (we) die; (3) if I (we) am (are) no longer the adoptive parent for the child; or (4) by the terms of this Agreement.

21. I (we) shall notify the CFSA Subsidy Unit within two weeks of the occurrence of any of the factors listed in ¶ 18 or 20 of this Agreement.

Appeal

22. As recipients of an adoption subsidy, if I (we) are aggrieved by a decision of CFSA in connection with the denial, reduction, suspension or termination of the subsidy, I (we) may appeal the decision in accordance with 29 DCMR Chapter 59 or otherwise in accordance with law.

This Agreement represents the entire Agreement between _____ (prospective adoptive parents) and the District of Columbia's Child and Family Services Agency.

I (we) have received a copy of this Agreement.

The latest date of signing below is the date of this Agreement.

_____ _____

Prospective Adoptive Parent Date

ATTACHMENT F

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

ADOPTION SUBSIDY ANNUAL REVIEW

Directions

The Child and Family Services Agency will conduct a review of an adoption subsidy award ***Annually.***

As the first step in the review, this form must be completed and signed by the recipient(s) of an adoption subsidy.

The requested information must be provided concerning each recipient and the child.

The information provided may be used as a basis for a decision to continue, increase, reduce or discontinue the subsidy.

Please return the completed form to CFSA as soon as possible, but no later than _____.

I. *Adoptive Parent (s) - Provide the following information concerning each adoptive parent*

Parent (1)
1. Full name: _____
Last First Middle

a. Date of Birth: _____ b. Social Security Number: _____

Parent (2)
2. Full name: _____
Last First Middle

a. Date of Birth: _____ b. Social Security Number: _____

c. Address: _____
Street Apt.# City State Zip Code

4. Home Phone: _____

5. Work Phone: Parent (1) _____ Parent (2) _____

6. Cell Phone: Parent (1) _____ Parent (2) _____

7. E-mail address Parent (1) _____ Parent (2) _____

II. *Child - Provide the following information concerning the child.*

1. Full name: _____
   Last First Middle

   Date of Birth: _____

2. Is the child residing outside adoptive parent's home _____ Yes _____ No
   If yes: Child's address: _____

   Does the adoptive parent retain financial responsibility for the child_____ Yes _____ No

3. Is the child attending a residential school: _____ Yes _____ No

4. Is the child married: _____ Yes _____ No

****** Please attach a copy of marriage license ******

5. Has the child died: _____ Yes _____ No

****** Please attach a copy of death certificate ******

6. Has the child enlisted in the military? _____ Yes _____ No
   If yes, date of enlistment and service _____

7. Is the child in the legal custody of another individual or Agency? _____ Yes _____ No

   If Yes: Please specify: _____

   Child's Address: _____
   Street Apt.# City State Zip Code

8. Do you have access to medical coverage: _____ Yes _____ No

Name of treating physician: _____
Address: _____
Phone number: _____

***** Attach the annual medical evaluation from the child's physician/or provide a copy of the medical card(s).**

III. *School - Provide the following information concerning the child's school:*

1. Name of School : _____

2. Address: _____
   Street Apt.# City State Zip Code

3. Phone number: _____

4. Child's grade level: _____

***** Please attach a copy of the child's report card.**

IV. ***Adoption subsidy payments on behalf of _____ are scheduled to end on _____.***

The information in this Adoption Subsidy Review is true and correct to the best of my knowledge, information and belief.

_____ _____
Signature Date

_____
Print name

_____ _____
Signature Date

_____
Print name

ATTACHMENT G

CHILD AND FAMILY SERVICES AGENCY
OFFICE OF FAIR HEARINGS AND APPEALS
400-6th STREET, SW, WASHINGTON, DC 20024
202-724-7064
FAX (202) 727-5619

FAIR HEARING REQUEST FORM

Person Appealing **(Applicant)**	Daytime Telephone Number
	Email Address
Address	

REASON(S) FOR REQUEST (ATTACH ADDITIONAL, SHEETS IF NECESSARY):

If not included, CFSA may refuse to consider the request or require re-submission of the statement before it will consider the request.

Requester's Signature _____ Date of Request_____

Are the services of an interpreter required? ☐ Yes ☐ No If yes, what type _____

REPRESENTATIVE AUTHORIZATION
I authorize the following person to represent me, the claimant, in this matter.

Name_____

Address_____

Email Address
_____

Claimant's Signature _____

DATES NOT AVAILABLE

I am not available during the following hours or days (When identifying hours/days you will not be available, please keep in mind that the fair hearing will be held within 45 days after the receipt of you request):

_____

Signature of Claimant or Authorized representative

_____

_____

Distribution: Office of Fair Hearings & Appeals; Claimant; Attorney for Claimant; Program Administrator; Office of General Counsel

The Agency provides an opportunity for a Fair Hearing as a mechanism for review of certain CFSA decisions. The Agency's decisions for which a Fair Hearing may be requested are as follows:

(a) An applicant for, or recipient of, an adoption subsidy under D.C. Code § 4-301, who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;

(b) An applicant for, or recipient of, a permanent guardianship subsidy under D.C. Official Code § 16-2399 who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;

(c) A person identified in the Child Protection Register who appeals a finding by CFSA of abuse or neglect (Except in court cases involved in a fact-finding hearing or criminal trial);

(d) An applicant for a foster home license or a licensed foster parent who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license;

(e) An applicant for a license to operate a youth residential facility or independent living program, or a person who is licensed to operate a youth residential facility or independent living program who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license; and

(f) A foster parent, where the foster child has been removed from the home.

YOUR APPEAL RIGHTS

1. You have the right to a fair hearing.
2. You may be represented by legal counsel or by an individual who is not a lawyer, at your own expense or you may represent yourself. Your representative may not be a District Government or CFSA employee.
3. You have the right to be present in all proceedings to present written and oral evidence.
4. You have the right to confront and cross-examine witnesses.
5. You or your authorized representatives have the right to access and examine records prior to any meeting or hearing.
6. You have the right to an interpreter.
7. You have the right to an informal meeting. Notification of the proposed date, times and places for an informal meeting shall be provided by CFSA.

INSTRUCTIONS

You may request a fair hearing by doing the following:

1. A written request for a fair hearing which must be received within thirty (30) days of the date of the notice of action or intended action was sent to you (within seven (7) days for an expedited preliminary hearing request). If eligible, a Fair Hearing will be scheduled within forty-five (45) working days.

2. The written request for a fair hearing must include the date and a clear, brief statement of the grievance with factual support if appropriate and an explanation of why the proposed decision by CFSA is incorrect (see attached form). If not included, CFSA may refuse to consider the request or require re-submission of the statement before it will consider the request.

3. The written request is to be sent to the Office of Fair Hearing & Appeals, 400 Sixth Street, SW, Washington, DC 20024. You may hand-deliver the form to 955 L'Enfant Plaza, North Building, Suite P101. You may also fax the form to 202-727-5619.

4. A hearing decision will be rendered within 30 days of the Fair Hearing and will be mailed to all parties.

ATTACHMENT H

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

NOTICE OF ADMINISTRATOR'S SUBSIDY REVIEW

IN REPLY REFER TO:

PHONE NUMBER

NOTICE OF ADMINISTRATOR'S SUBSIDY REVIEW

Insert date

Insert Name
Insert Address

Re: Application for Adoption Subsidy for **NAME OF CHILD (DOB -)**

Dear :

As you requested, I met with you and your attorney on _____ to discuss your issues about the adoption subsidy agreement that you were offered. You had requested ***(a higher rate/more respite hours/day care/etc.***) After listening to your concerns about the child's needs, I have

SAMPLE CHOICES, MUST BE TYPED OUT:

a) ___ concluded that the subsidy agreement should remain unchanged

b) _____ concluded that we can offer a daily rate of _____

c) ___ decided to offer the following services in the subsidy:

As you have already filed for a fair hearing and this is one step in that process, you may meet with a representative of our Office of General Counsel for a pre-hearing conference. This conference should be scheduled with that office.

Sincerely,

_____
, LICSW, Administrator