



ADOPTION ASSISTANCE APPLICATION

Directions: Prospective adoptive parents need to complete this form with identifying information to request adoption assistance. This form should be sent back to the child’s CPSW for submission to the adoption unit. If the prospective adoptive parents have any questions, please refer to the child’s CPSW. The adoption unit will notify the family of the adoption assistance the child qualifies for after the application has been reviewed.

CHILD INFORMATION

Current name of the child (*Last, First, Middle*)

Legal name after adoption (*Last, First, Middle*)

Date of birth of the child (*mm/dd/yyyy*)

Age of child

PROSPECTIVE ADOPTIVE PARENT INFORMATION

Name of Prospective Adoptive Parent 1 (*If approved, payments will be made to adoptive parent 1*)

Telephone Number

E-mail of Prospective Adoptive Parent 1

Cell Phone Number

Name of Prospective Adoptive Parent 2

Telephone Number

E-mail of Prospective Adoptive Parent 2

Cell Phone Number

Address of Prospective Adoptive Parent(s) (*number and street, city, state and ZIP code*)

Mailing address of Prospective Adoptive Parent(s) (*if different than above*)

ASSISTANCE REQUESTED

This request is for: (*check all that apply*)

- Monthly Financial Assistance
- Medicaid - Medical benefits under Title XIX of Social Security Act.
- Nonrecurring Adoption Expenses

IDENTIFICATION OF SPECIAL NEEDS AND RELATED COSTS

What are the special needs of the child for whom you are requesting assistance? (*Along with the diagnoses, please describe the child’s needs and provide documentation.*)

Are there any extraordinary expenses that you anticipate will be necessary to address the adoptive child's special needs that cannot be paid by Medicaid, the liable school district, and/or with funding from community resources? If so, please identify what those expenses are and estimate their anticipated cost.

OTHER SIBLINGS WHO ARE BEING ADOPTED AT THE SAME TIME (IF ANY)

Name	Date of Birth (mm/dd/yyyy)	Name	Date of Birth (mm/dd/yyyy)
Name	Date of Birth (mm/dd/yyyy)	Name	Date of Birth (mm/dd/yyyy)

FAMILY INFORMATION

List all adoptive family household members (excluding children listed above)

NAME	RELATIONSHIP	DATE OF BIRTH

FAMILY FINANCIAL INFORMATION

MONTHLY INCOME		EMPLOYMENT	
Wages	\$	Name:	
Unemployment Income	\$	Employer:	
Child Support/Alimony	\$	Address:	
Disability Income	\$	Phone:	
Rents Received	\$	Name:	
Other	\$	Employer:	
		Address:	
Total:	\$	Phone:	
		Name:	
		Employer:	
		Address:	
Number of people supported by total income		Phone:	

MONTHLY EXPENSES		ASSETS & LIABILITIES		
Housing (Rent/ Mortgage)	\$	TYPE		ESTIMATED VALUE/AMOUNT
Auto Loans	\$	Checking account(s)		/
Auto Expenses/ Insurance	\$	Savings/ Money Market		/
Credit Cards/ Installment Loans	\$	Stocks/ Bonds/ CD's		/
Health Insurance	\$	IRA/ Keogh Accounts		
Medical	\$	401K/ ESOP Accounts		
Child Support/ Alimony	\$	Pension		
Food/ Spending Money	\$	Home		
Water/ Sewer/ Utilities/ Phone	\$	Other Real Estate	#	
Childcare	\$	Cars	#	
Other	\$	Other		
Total:	\$	Total:		\$

UNUSUAL EXPENSES

Do you have unusual costs or expenses like medical needs or education? Yes No

(This question does not include the child being adopted or any foster children in the home.

Example: an applicant's child or applicant in college, medical issues that prevent the applicant from working, medical equipment or prescriptions not covered by insurance , etc.)

If yes, please explain: _____

FAMILY CIRCUMSTANCES

Are there any other family circumstance that you would like us to be aware of?

BARRIERS TO ADOPTION

What, if anything, are barriers to adopting this child? *(Adoption Assistance is a resource used to remove barriers to adoption for children who have special needs and who cannot be adopted without assistance)*

NEEDS TO OVERCOME BARRIERS TO ADOPTION

What, if anything would you need in order to overcome these barriers?

SIGNATURES

<hr/> <i>Printed Name of Adoptive Parent #1</i>	<hr/> <i>Signature of Adoptive Parent #1</i>	<hr/> <i>Date</i>
<hr/> <i>Printed Name of Adoptive Parent #2</i>	<hr/> <i>Signature of Adoptive Parent #2</i>	<hr/> <i>Date</i>