

APPLICATION FOR ADOPTION ASSISTANCE PRIVATE AGENCY PLACEMENTS

Date of Application: _____	Type of Assistance Requested: <input type="checkbox"/> Medical <input type="checkbox"/> Special Service <input type="checkbox"/> Monthly Assistance <input type="checkbox"/> Nonrecurring
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I. Child Information:

Birth Name: _____ Adoptive Name: _____

<i>Last</i>	<i>MI</i>	<i>First</i>	<i>Last</i>	<i>MI</i>	<i>First</i>
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Date of Birth (attach birth verification): _____ Place of Birth: _____

Child's Social Security Number (Attach Card): _____ Date of Application for Social Security Card: _____

Date of Custody to Private Agency: _____ Date of Judicial Determination (attach journal entry): _____

Date of Adoptive Placement _____ Date Petition Filed: _____

Date Adoption to be Finalized _____ County of Filing _____

II. Special Needs of Child:

B. Has application for SSI been made? Yes No

Date of application: _____

Provide Description of physical, mental or emotional disability of child (attach documentation):

III. Birth Parent Information at Time of Relinquishment

Birth parents are: Living Together Living Apart

Mother's Name: _____ **Date of Birth:** _____

<i>Last</i>	<i>MI</i>	<i>First</i>	Telephone No. _____
			Social Security No. _____

Address: _____

City _____	State _____	Zip _____
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Employer: _____

Address: _____

City _____	State _____	Zip _____
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Father's Name: _____ Date of Birth: _____

Last MI First Telephone No. _____
Social Security No. _____

Address: _____

City State Zip

Employer: _____

Address: _____

City State Zip

Amount of Income in Home of
Removal:(Mother; Mother and Father) \$ _____ Source of Income: _____

Did mother receive public assistance? Yes No Type of Assistance: _____

Is either parent disabled or deceased? Yes No If yes, are benefits received? Yes No

IV. Birth Parent Information at Judicial Determination

Living Together Living Apart

Mother's Name: _____ Date of Birth: _____

Last MI First Telephone No. _____
Social Security No. _____

Address: _____

City State Zip

Employer: _____

Address: _____

City State Zip

Father's Name: _____ Date of Birth: _____

Last MI First Telephone No. _____
Social Security No. _____

Address: _____

City State Zip

Employer: _____

Address: _____

City State Zip

Amount of Income in Home of
Removal:(Mother; Mother and Father) \$ _____ Source of Income: _____

Did mother receive public assistance? Yes No Type of Assistance: _____

Is either parent disabled or deceased? Yes No If yes, are benefits received? Yes No

V. Adoptive Parents

Phone No. (Work): _____ Phone No. (Home): _____

Father's Name: _____ **Mother's Name:** _____

_____ *Last MI First* _____ *Last MI First*

Address: _____

_____ *City* _____ *State* _____ *Zip*

Father's Soc. Sec No. _____ **Mother's Soc. Sec. No.** _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Income: \$ _____ Income: \$ _____

Health Insurance: _____ Name of Primary Care

Policy Holder: _____ Physician, if applicable: _____

_____ *Address* _____ *County* _____ *State* _____ *Zip*

Insured: _____ Group/Policy # _____

Type of coverage: medical / dental / mental health/other: _____

Attach copy of insurance card. _____

VI. Efforts to Place Without Adoption Assistance:

Please describe efforts made by the agency to place without adoption assistance or the basis for the selection of this family as the best resource for the child. Separate page may be attached.

Include: Number of families offered the child; specialized recruiting efforts; referral to adoption exchanges, etc.
Provide copy of adoptive home study and all supporting documents and reports.

Information submitted by: _____ Date: _____

Name of Agency: _____ Phone No.: _____

Date of Submission: _____

Signature

Information has been reviewed and an eligibility determination has been complete.

The child is eligible is not eligible (check one)
for adoption assistance based on: _____

Signature: _____ Date: _____

If the child is eligible, the family is to be contacted to negotiate the agreement. If the child is not eligible, the family should be notified in writing of the denial, the basis for the denial and advising them of their right to appeal. Copies of the notices should be sent to the private agency, a copy placed in the agency file and a copy given to the applicant.

