

State of Kansas Department for Children and Families Prevention and Protection Services	ADOPTION ASSISTANCE REVIEW	PPS 6135 July 2022

The adoption assistance case shall be reviewed on an annual basis. The review serves as a tool for the adoptive parent to notify DCF of any changes in the child's needs and to provide documentation indicating the adoptive parents remain legally and financially responsible for the child. Please answer the following questions and return to the designated office within thirty (30) days.

Child's First Name:	MI	Last Name:	Date of Birth (MMDDYY):	
Last 4 Digits of the child's Social Security Number: (attach copy of child's Soc. Sec. card, if not previously provided)				
Child's Case Number:	Review Month Due:			
Adoptive Parent's Name:	Phone number: (Home)	Phone number: (Work)	Other number: (cell)	
Street Address for Parent 1	City:	State:	Zip Code:	Date Sent:
Street Address for Parent 2 (if different)	City:	State:	Zip Code:	Date Sent:
Parent 1 Email address:				
Parent 2 Email address:				

1. Do you continue to need Adoption Assistance for the child's needs? This includes a medical card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you continue to be legally or financially responsible for this child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the child continue to reside with you? If no, where does the child reside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. How is your child, if age 7 or older, receiving an education in accordance with the state's compulsory school attendance law? (If you do not live in Kansas, your state's age of compulsory school attendance may be different. Please refer to your state's education laws.)	<input type="checkbox"/> Home Based Learning	<input type="checkbox"/> Public Ed.	<input type="checkbox"/> Private Ed.
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Please provide a copy of the report card or letter from the school district the child is attending to verify enrollment. If the child is unable to attend school because of a medical condition, provide documentation from a medical provider. If the child is being home schooled, please provide the home school registration.

5. Have there been any changes in the child's benefits received or with the financial circumstances of the family? Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Is your child currently receiving SSI, SSA, veterans or any other financial benefits? (Provide documentation or receipt of SSI, SSA, veterans or other financial benefits payment amount)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Since your last annual report, has your child been determined newly eligible to receive SSI, SSA, veterans or any other financial benefits? (Provide documentation of eligibility and/or receipt of SSI, SSA, veterans or other financial benefits)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Is your child covered by a private health insurance other than Medicaid? If yes, provide insurance information below and include a copy of the insurance card with this review.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company	Policy number	Name of Policy Holder

9. Has your child turned 18 or will he/she turn 18 within the next 12 months? If yes, please complete the section below. <i>Note: If your child was adopted at or after age 16, you may contact the State's Independent Living Program Manager to access services for which the child may be eligible such as post-secondary financial assistance.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Complete this section only if your child is age 18 or will turn 18 within in the next 12 months

Assistance usually ends at age 18. However, it may continue until age 21 if the child continues to be in high school, a high school equivalency

program (GED), or if the child has a documented physical or mental disability.

a. Has your child graduated from high school? If yes, date of graduation? (mm/dd/yy): _____ If no, expected date of graduation? (mmddyy): _____ <i>Note: Please provide official school documentation indicating anticipated date of graduation (school report card or a letter from school officials on letterhead).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If not expected to graduate, is the child involved in a GED program? If yes, what is the anticipated date of completion? (mm/dd/yy): _____ <i>Note: Please provide verification of GED enrollment and active participation from the GED program.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Does your child have a documented physical or mental condition, which significantly impacts his/her daily living? If yes, specify and provide current documentation (dated within last 12 months) from a physician, hospital, clinic, or other licensed medical practitioner of the youth's disability, prior to the youth's 18 th birthday.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you wish to discuss your child's needs with an adoption professional for any reason? If yes, please explain briefly below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain:

I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge. I understand I may reach out to a local DCF service center to inquire about additional assistance and supports which may be available.

Adoptive Parent 1 Signature:	Date:	Adoptive Parent 2 Signature:	Date:

PLEASE RETURN BY (mmddyy):

This form and all required attachments shall be returned to the following person at the specific address listed below:

Return to: Regional Office:		DCF Worker/Designee:	
Street Address:	City:	State:	Zip Code:
Telephone Number:		Fax Number:	

FOR OFFICE USE ONLY:

Date Review Received:		Were there changes reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a renegotiation of Adoption Assistance Agreement requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the Adoption Assistance Agreement amended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Adoption Assistance Case Closed in KEES:		Date Notice of Action for Case Closure Sent:		
Reason for Case Closure				
Staff Signature:				Date:

