

Adoption Assistance Repayment Agreement

Case Number: _____

Child's Name:
(First, MI, Last _____ DOB: _____ SSN: _____

Adoptive Parent's Name: _____

Street Address: _____

Telephone# (Home): _____ (Work): _____

I/We, (Adoptive parent names): _____ and
_____, voluntarily agree to repay my Adoption Assistance overpayment
balance of \$_____ to the Kansas Department for Children and Families.

I/We agree to make monthly payments of \$ _____ per month for _____ consecutive months
to complete repayment of my debt. The first payment will be postmarked by _____.
All remaining payments will be postmarked by the _____ 1st or the _____ 20th of each
month (check one).

Home Address (Street, City, State, Zip Code)

Mailing Address (Street, City, State, Zip Code)

Contact Telephone Number

Work Telephone Number

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date

Make checks payable to: Kansas Department for Children and Families (DCF)
Make payments to: Central Collection Unit, P.O. Box 2003,-Topeka, KS 66601-2003
Make your payments electronically by check or credit card by going to: www.dcf.ks.gov
Scroll to the bottom of the page and click on the icon shown below then follow the directions to make an online payment.



ATTENTION: Failure to return this completed agreement with your initial payment, or failure to complete all payments as agreed above, will result in a breach of this agreement and a forfeiture of any future opportunities or agreements to prevent other collection action.

