

# REFERRAL FOR ADOPTION ASSISTANCE

## PPS 6110 INSTRUCTIONS

**Purpose:** To provide DCF with the information necessary to consider eligibility for the adoption assistance program, and to prepare for the adoption assistance negotiation process with the prospective adoptive parents.

**Timeliness:** The form is to be submitted to DCF when the case management provider is ready to sign an adoptive placement agreement. The case manager shall coordinate with DCF to schedule the signing of the Adoptive Placement Agreement and the Adoption Assistance Agreement.

### Instructions:

#### Section I:

- a. **Child's Name:** Enter the child's full name as shown on FACTS
- b. **DOB:** Enter the child's date of birth as shown on FACTS
- c. **Current Placement:** Indicate where the child is currently placed
- d. **Date Placed:** Enter the date the child was placed in the current placement
- e. **Type of Care:** Enter the type of care of the placement (i.e. relative, foster home, residential)
- f. **Contractor/Subcontractor:** List the CWCBS Provider responsible for the care of the child and the subcontractor, if applicable
- g. **Basic Rate for Family Foster Care:** List the regular rate that the sponsoring agency pays a resource family
- h. **Amount Paid Provider:** Indicate what the placement provider gets for payment
- i. **Difficulty of Care Payment:** Indicate whether the current placement is receiving a difficulty of care payment. If yes, show the amount paid and attach documentation of the basis for the decision to do so
- j. **Services Purchased for/Provided to the child:** Mark any service that is currently being purchased for the child
- k. **Does the Child Receive SSI?:** Mark yes or no to indicate if the child currently receives SSI
- l. **Has Application Been Made for SSI?:** Mark yes or no to indicate whether an application for SSI has been submitted to the Social Security Administration
- m. **Does the Child Receive Waiver Services?:** Mark yes to indicate if the child receives waiver services (i.e. HCBS, SED, ACIL) or no if the child does not receive waiver services
- n. **Type of Waiver:** Write the type of waiver services the child receive
- o. **Name of Siblings to be Placed With Child:** List the full name, as shown on FACTS, of all siblings who will be placed with this child (use a separate sheet if necessary)
- p. **DOB:** List the date of birth for each sibling listed

#### Section II:

- a. **Adoptive Family:** Enter the names of the individuals who will be adopting the child
- b. **Address:** Enter the street address, city, state and zip code of the adoptive family
- c. **Telephone # (home):** List the home telephone number of the adoptive family
- d. **Work #:** List the work numbers of the individuals who are adopting the child
- e. **Relationship to the Child:** Mark foster parent, relative, or none to indicate the relationship between the adoptive parent(s) and the child
- f. **Recruitment Efforts:** Describe the recruitment activities for this child
- g. **Date of Adoption Staffing:** Enter the date of the Best Interest Staffing
- h. **Date Child Presented to the Family:** Enter the date that the family met the child
- i. **Date Adoption File Reviewed:** Enter the date that the adoptive parent(s) reviewed the child's file
- j. **Anticipated Date of Placement:** Enter the date that the child will be placed in the adoptive home
- k. **Income of the Family:** Indicate the gross income and the source of income of the adoptive parent(s) and attach a budget for their household. Note: If the income is from Social Security, note what kind of benefits are received (i.e. SSI, SSDI, SSA)
- l. **Family Size:** Indicate how many individuals are currently living in the home (include the children who are being adopted)

#### Section III:

- a. **Age:** Mark if child is 12 or older years of age
- b. **Disability:** Mark if the child has a physical disability or handicap
- c. **Disability Type:** Refer to Appendix 1J in the PPM for description of disabilities
- d. **Disability Severity:** Refer to Appendix 1J in PPM for descriptions of the severity levels of disabilities
- e. **Emotional/Behavior Disability:** Mark if the child has disabilities related to emotional or behavioral problems
- f. **Disability Type:** Refer to Appendix 1J in the PPM for description of disabilities
- g. **Disability Severity:** Refer to Appendix 1J in PPM for descriptions of the severity levels of disabilities
- h. **Mental/Developmental Disability:** Mark if the child has a mental or developmental disability
- i. **Disability Type:** Refer to Appendix 1J in the PPM for description of disabilities.
- j. **Disability Severity:** Refer to Appendix 1J in PPM for descriptions of the severity levels of disabilities.
- k. **Member of a Sibling Group:** Mark if this child is a sibling of a child who has one of the above factors or conditions.
- l. **Guarded Prognosis:** If this child is being referred on the basis of a guarded prognosis, mark the line indicating that, and then show what factor affects the child.
- m. **Documents:** Indicate that the documents listed have been attached to the form. If a document is not applicable (i.e. not all children have an IEP) note that on the line next to the document description.
- n. **Signature:** The form shall be signed and dated by the case manager and the supervisor.