State of Kansas
Department for Children and Families
Prevention and Protection Services

PPS 6115
REV July 2024

ELIGIBILITY FOR ADOPTION ASSISTANCE

Child's Name _____ DOB: _____ Client ID: _____

Section A: Establish Eligibility for Adoption Assistance *(Reference PPM Section 6210)*

1. Is child legally free for adoption and in the custody of the Secretary of Kansas Department for Children and Families (DCF) or is a private adoption and in the custody of a licensed child-placing agency? ☐ Yes ☐ No

2. Is documentation present showing the child cannot or should not return home? ☐ Yes ☐ No

(Attach all documentation used to determine that the child cannot return home.)

	Parent 1	Parent 2
Journal entry documenting the termination of both parental rights (TPR); or,	☐	☐
Journal entry documenting the child cannot return home; or,	☐	☐
Relinquishment by both parents to DCF or private agency, in lieu of TPR; or	☐	☐
Relinquishment by both parents to a private agency.	☐	☐

Parent deceased – date of death:

3. Does the child have one or more of the following specific factors or conditions? ☐ Yes ☐ No

(Linking one or more factors to the need for assistance)

	Primary (choose one)	Others
a. Physical Disability _____	☐	☐
b. Developmental Disability _____	☐	☐
c. Behavior/Emotional Disability _____	☐	☐
d. Age of child _____	☐	☐
e. Member of a sibling group of three or more placed together	☐	☐
f. Two siblings placed together – other sibling has a specific factor	☐	☐
g. Guarded prognosis – no current symptoms	☐	☐
h. Other medical condition _____	☐	☐

Notes/Comments:

4. Were reasonable but unsuccessful efforts made to place without adoption assistance? ☐ Yes ☐ No

(Mark all that apply. At least 1 marked box shows reasonable efforts were made.)

☐ This criterion is not applicable for the child being adopted by a relative or a foster family with whom the child has a significant relationship.

☐ Referrals of the child were made to state and national adoption exchanges.

☐ An individual recruitment plan was developed for this child.

☐ Special recruitment initiatives, such as TV or newspaper, were made for this child.

☐ The selected family cannot adopt without assistance.

Section A Results: Does the child qualify for adoption assistance? *(all 'yes' answers above)* ☐ Yes ☐ No

The answers to all questions above MUST be yes to meet the criteria for special needs determination.

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Child's Name DOB: Client ID:

Section B-1: Determine Basic/Admin Funding *(Reference PPM Section 6220)*

1. Was child Title IV-E basic eligible in foster care?	☐ Yes (possible FDFD; continue)	☐ No (continue)
2. Was child eligible for SSI prior to the finalization of adoption?	☐ Yes (possible FDFD; continue)	☐ No (continue)
3. Is the child's parent a minor who meets IV-E cost of care criteria?	☐ Yes (possible FDFD; continue)	☐ No (continue)
4. Was child Title IV-E eligible in a prior adoption which dissolved?	☐ Yes (possible FDFD; go to B.2)	☐ No (continue)
5. Does child meet all conditions (a,b,c) below for fostering connections?	☐ Yes (possible FDFD; go to B.2)	☐ No (fund STST)

a. Child meets citizenship guidelines. ☐ Check if True

b. FC court order contains 'contrary to the welfare' language. ☐ Check if True

c. Child meets the age criteria. ☐ Check if True

Section B-2: Determine Payment/Maintenance Funding *(Reference PPM Section 6220)*

1. Did adoptive parents agree to be fingerprinted and pass felony conviction criterion?		☐ Yes (continue)	☐ No (fund STST)
2. Is child attending school?	☐ N/A (continue)	☐ Yes (continue)	☐ No (fund STST)

Basic/Admin Funding Determination (Choose One) Determined by: (type name) Region:

CPS Specialist/Designee Signature	Date	Supervisor's Signature	Date

(To be completed by Eligibility Specialist)

Placement Agreement Signed: _____ Adoption Assistance Signed: _____

Adoption Assistance Effective: _____ Adoption Assistance Funding: FOCA/ASPD Choose One

All supporting documentation for eligibility must be in the Adoption Assistance Eligibility file.

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