

ADOPTION ASSISTANCE AGREEMENT

Child's Name: _____ DOB: _____

The Kansas Department for Children and Families, (hereinafter referred to as DCF) and the adoptive parents (legal name of parent(s), hereinafter referred to as the adoptive parent(s):

_____ And _____
hereby agree to enter into an adoption assistance agreement for (birth name): _____

born on _____ and placed in the adoptive home on _____
pursuant to an adoption placement agreement.

Check the appropriate box below:

- This agreement is being executed on this date, prior to the finalization of the adoption, for the purpose of adoption assistance and/or medical services for the said child under the provisions of the Social Security Act and the Kansas adoption assistance law. This agreement is supplemental to an adoption placement agreement.
- This agreement is being executed on this date, pursuant to a renegotiation of a current adoption assistance agreement between the said adoptive parent(s) and the State of Kansas for said child, for the purpose of adoption assistance and/or medical services for the said child under the provisions of the Social Security Act and the Kansas adoption assistance law.

This agreement remains in effect regardless of the state of residence of the adoptive parent(s). If needed service is specifically named with an agreed upon amount in the adoption assistance agreement is not available in the new state of residence, Kansas remains financially responsible for providing the service.

If the adoption of said child is not finalized, this agreement is null and void.

The above named child has been determined to be eligible for **one** of the following programs:

- Title IV-E (Federal) Adoption Assistance.** If you move to another state, procedures shall be implemented to issue a medical card from the new residence state. This signed adoption assistance agreement, upon the placement of the child in the adoptive home, establishes the eligibility of the child for Title XIX Medical assistance regardless of the state of residence of the adoptive parent(s). The state of residence may provide more or less coverage than the Kansas program.
- State Only Adoption Assistance:** If you move to another state, and the state is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA), procedures shall be implemented to issue a medical card in the new state of residence. The new state of residence is not required to issue a medical card. If the state of residence issues a new medical card it may provide more or less coverage than the Kansas program. If the state does not issue a new medical card, DCF will continue to issue a Kansas medical card and assist you in locating medical providers willing to participate in the Kansas medical assistance program.

I. Adoptive Parent(s) Agree:

- a. To participate in the aftercare plan developed with the Child Welfare Case Management Provider;
- b. To participate in an annual review by completing and returning the review form within 30 days of receipt;
- c. To submit documentation of the child's continued need for adoption assistance and our ability to meet the child's needs.
- d. For a child who has attained the minimum age for compulsory school attendance under state law, to enroll the child as full time student; provide home schooling or independent instruction in accord with state law during the school year until the child has completed high school or be prepared to document a medical condition of the child rendering the child incapable of completing this requirement for each year the child is unable to participate in an educational program.
- e. If the child will not have completed high school on or before the child's 18th birthday, 60 days prior to the child's 18th birthday, submit documentation the child is still attending and making progress in high school.
- f. If adoption assistance is desired beyond the child's 18th birthday, submit 60 days prior to the child's 18th birthday, current documentation from a physician, hospital, clinic or other qualified licensed medical practitioner of the child's physical or mental disability to support need for continued adoption assistance.
- g. If the adopted child is added to my (our) private health insurance, provide DCF with the policy number and name of the insurance company.

h. To notify DCF within 30 days of any changes, not limited to, in address, marriage of the child or adoptive parent, absence of the child from the home for any reason for more than 30 days, death of the child or adoptive parent, or legal emancipation of the child.

I. To notify DCF within 30 days when the child is no longer receiving any financial support from us.

j. That any benefits available to the child, i.e. social security, SSI, veterans, may be considered in determining the amount of Adoption Assistance Monthly Payments (if applicable) For state only funded adoption assistance the monthly amount shall be reduced dollar for dollar for any SSI benefit the child receives. I (we) agree to inform DCF within 30 days of any changes in benefits or resources of the child

k. To renegotiate the adoption assistance monthly payment to a lower amount if the child enters into out of home care for more than 30 days and the adoptive parents are not paying for the out of home care.

l To provide DCF with a copy of the adoption decree and the child’s new social security card within 30 days of receipt.

m. That failure to report changes as agreed may result in investigation for possible fraud. The investigation may result in a demand for repayment of adoption assistance and referral for criminal prosecution

I (we) understand that based on the information provided, the amount of adoption assistance may be reduced if I (we) concur. I (we) understand that any increase or decrease in the amount of monthly assistance will be based on documented changes in the child’s special needs or family circumstances and agreement between adoptive parent(s) and DCF. A new adoption assistance agreement shall be signed to reflect any changes negotiated between I (we) and DCF.

II. DCF agrees to provide:

Type of Assistance	Approved	Specifics/Restrictions	Amount
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kan Be Healthy screens are required in order to receive maximum benefit. Some services may require prior authorization. Services as authorized through the Medicaid State Plan	Established Medicaid Rates
Non-Recurring Expense Payable Upon Finalization of the Adoption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not to exceed \$2,000. May include Attorney Fees, Court Costs, Travel, Lodging, other	
Special Service Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Assistance Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

III. Additional Resource Information:

a. Tax Credit Information:

i. Federal tax information can be located at: <http://www.irs.gov/taxtopics/tc607.html>

ii. Kansas tax information can be located at: <https://www.ksrevenue.gov/prtaxcredits-adoption.html>

b. Eligibility for Independent Living Services

If the child is adopted at or after age 16, contact the State’s Independent Living Program Manager to access services for which the child may be eligible such as post-secondary financial assistance

c. Post-adoption services: Kansas Post-Adoption Resource Center (KPARC), AdoptUSKids

IV. Duration of the Agreement:

a. a. Termination of the contract shall occur under one of the following circumstances:

i. Adoptive parent(s) request or agreement.

ii. Adoptive parent is no longer legally responsible for the child (when parental rights have been terminated or when the child becomes an emancipated minor, marries, or enlists in the military)

iii. Adoptive parent is no longer financially responsible for the child

iv. Adoptive parent is no longer financially supporting the child. (examples of support may include family therapy, tuition, clothing, maintenance of special equipment in the home, or services for the child's special needs)

v. Child reaches the age of 18 and documentation for continuation of adoption assistance has not been provided by the said adoptive parents.

vi. The child is 18 and has graduated from high school.

vii. Child reaches the age of 21 years, provided that prior approval has been given each year to extend the assistance plan beyond the child’s 18th birthday because of the child’s documented physical or mental disability, or because the child is still in high school.

- b. DCF will provide the adoptive parents 30 days written notice of plans to close the adoption assistance case or denial of any request to extend the assistance beyond the child's 18th birthday. The notice will provide basis for decision, and inform the family, in writing, of their right to request an agency fair hearing.

V. Adoption Assistance will begin: _____

Adoptive Parent:	DCF Regional Adoption Assistance Expert:
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Date	_____ Date
Adoptive Parent:	DCF Supervisor
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Date	_____ Date
Contact Information for adoptive parent(s)	Contact Information for Regional Adoption Assistance Expert
_____ Address: Mailing, City, State and Zip	_____ Address: Mailing, City, State and Zip
_____ Phone number	_____ Phone number
_____ E-Mail	_____ E-Mail

Signed copy of this agreement given/sent to the adoptive parents on: _____

By: _____