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

ADOPTION ASSISTANCE REVIEW

PPS 6135
Rev. Jan.2025

The adoption assistance case shall be reviewed on an annual basis. This 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:	
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 this child's needs? This includes a medical card.	☐ Yes	☐ No
2. Do you continue to be legally or financially responsible for this child?	☐ Yes	☐ No
3. Does this child continue to reside with you?	☐ Yes	☐ No
If no, where does this child reside?		
4. Have there been any changes in the benefits this child receives or the financial circumstances of the family?	☐ Yes	☐ No
Please explain:		
5. Is this 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)(If yes and the SSI rate has changed since your adoption assistance agreement was signed you may be eligible for renegotiation. Please see question 12.)	☐ Yes	☐ No
6. Since the last annual report, has this 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) (If your child has been determined to be eligible for SSI you may be eligible to renegotiate the adoption assistance agreement. Please see question 12.)	☐ Yes	☐ No
7. If there have been changes in this child's needs since the adoption assistance was negotiated, would you like to speak to an adoption assistance specialist to request renegotiation or learn more about eligibility to renegotiate?	☐ Yes	☐ No
Please explain:		

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Complete this section only if this 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 has a documented physical or mental disability.
Note: If this child was adopted at or after age 16, you may contact the State's Independent Living Program Manager to access services for which thise child may be eligible such as post-secondary financial assistance.

a. Has this child graduated from high school? If yes, date of graduation? (mm/dd/yy): _____ If no, expected date of graduation? (mmddyy): _____ ***Note: Please provide official school documentation indicating anticipated date of graduation (school report card or a letter from school officials on letterhead).***	☐ Yes	☐ No
b) If not expected to graduate, is this child involved in a GED program? If yes, what is the anticipated date of completion? (mm/dd/yy): _____ ***Note: Please provide verification of GED enrollment and active participation from the GED program.***	☐ Yes	☐ No
c) Does this child have a documented physical or mental condition, which significantly impacts their 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 this child's disability. Documentation must be dated prior to this child's 18th birthday.	☐ Yes	☐ No

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?**	☐ Yes	☐ No
Was a renegotiation of Adoption Assistance Agreement requested?	☐ Yes	☐ No	**Was the Adoption Assistance Agreement amended?**	☐ Yes	☐ No
Date Adoption Assistance Case Closed in KEES:			**Date Notice of Action for Case Closure Sent:**		
Reason for Case Closure					
Staff Signature:			**Date:**		

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