TITLE IV-E ADOPTION SUBSIDY APPLICATION

**Revenue Enhancement Division Use Only:**

OLD EMS: \_\_\_\_\_\_\_\_\_\_\_\_

NEW EMS: \_\_\_\_\_\_\_\_\_\_\_\_

IV-E: 🞎 YES 🞎 NO

PT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |       | Adoptive LINK Case ID: |       | Adoptive LINK Person ID: |       |
| Child’s Adoptive Name: |       | Date of Birth: |       |
| Race/Ethnicity: |       | Gender: |       | Child’s SS #: |       |
| Date Adoption Proceeding Initiated: |       | Date of Finalization: |       |
| Check one box only: | [ ]  Financial & Medical Subsidy | [ ]  Financial Subsidy Only | [ ]  Medical Subsidy Only |
| Monthly Financial Subsidy Amount: | $      |
| Placement Information: | Adoptive Parent 1: |       | Adoptive Parent 2: |       |
| Street Address: |       |
| City, State ZIP: |       |
| Telephone #: |       Area Code and Number |
| Social Worker Info: | Name: |       |
| Area Office Address: |       |
| Telephone #: |       Area Code and Number |
| **Respond to the following questions by checking the appropriate box and providing additional information as needed.** | YES | NO |
| **1)** Has DCF determined the child can/should not return to parent’s home through a court order terminating parental rights? | [ ]  | [ ]  |
| **2)** Was the child eligible to receive SSI benefits in the month adoption proceedings were initiated? | [ ]  | [ ]  |
| If yes, indicate amount: $      / Month |  |  |
| **3)** Did the child own any resources in the month adoption proceedings were initiated? If yes, please list below: | [ ]  | [ ]  |
|  | Amount/Value | Institution's Name | Institution's Address |  |  |
| Checking/Savings | $      |       |       |
| IRS/CD | $      |       |       |
| Stocks/Bonds | $      |       |       |
| Real Estate | $      |       |       |
| Vehicle | $      |       |       |
| Life Insurance | $      |       |       |
| **4)** Was the child employed in the month adoption proceedings were initiated? If yes, complete the following | [ ]  | [ ]  |
| Employer: |       | Salary**:** $      Per       |  |  |
| **5)** Did the child receive income in the month adoption proceedings were initiated? If yes, indicate the type & amount / month below. | [ ]  | [ ]  |
| [ ]  SSA / $       | [ ]  VA / $       | [ ]  RR / $       | Other: (Type)       | Amount: $       |  |  |
| **6)** Was the child under the age of eighteen (18) in the month the adoption proceedings were initiated? | [ ]  | [ ]  |
| **7)** Does the child meet the special needs criteria? Attach copy of Certification of Special Needs Status - (DCF-416). | [ ]  | [ ]  |
| **8)** Has an effort been made to place the child without providing an adoption subsidy payment? | [ ]  | [ ]  |
| **9)** Are the adoptive parents/foster parents with whom the child has developed significant emotional ties? | [ ]  | [ ]  |
| **10)** Is there a written adoption subsidy agreement between the Department and the adoptive parents signed prior to finalization of the adoption? | [ ]  | [ ]  |
| Declaration of Citizenship or Alien Status/Social Worker Certification |
| Under penalty of perjury, I, the undersigned, declare that: |
| [ ]  This dependent child is a United States citizen. |
| [ ]  This dependent child is an alien who is currently registered with the Immigration and Naturalization Service (INS) and is legally authorized to be in the United States. |
| I completed this form as a representative of the Department of Children and Families, which is responsible for the care of this child, and certify that the information given on this form is true and complete to the best of my knowledge. |
| **(Sign & Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Social Worker Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Revenue Enhancement Division Use Only:** | YES | NO |
| **1)** Was the child AFDC eligible in the month adoption proceedings were initiated? | [ ]  | [ ]  |
| **2)** Was the child AFDC eligible at the time of the initial removal from the home? | [ ]  | [ ]  |