

Connecticut Department of Children and Families
CHECKLIST FOR ADOPTION SUBSIDY APPROVAL

DCF-415
 1/19 (Rev.)



| | | | | | |
|--|--|---|---|--|---------|
| SW LAST Name: | | SW FIRST Name: | | DCF Office: | |
| Child's Biological LAST Name: | | Child's FIRST Name: | | Gender: | LINK #: |
| Child's LAST Name (After Adoption- <i>Required</i>): | | <input type="checkbox"/> Part of a sibling group [placed together?] | | Identified as an Indian Child/Youth?: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Adoptive Parent #1 LAST Name: | | Adoptive Parent #1 FIRST Name: | | Adoptive Parent #2 LAST Name: | |
| | | | | Adoptive Parent #2 FIRST Name: | |
| CHECK ALL THAT APPLY: | | | | | |
| <input type="checkbox"/> IV-E | | <input type="checkbox"/> SSA – Monthly Benefit of: | | <input type="checkbox"/> SSI - Monthly Benefit of: | |
| OUT-OF-STATE ADOPTIVE FAMILY | | | | | |
| <input type="checkbox"/> Approved ICPC-100A for Adoption | | | <input type="checkbox"/> Pre-Adoptive family's approved adoption home-study | | |
| TYPE OF SUBSIDY | | | | | |
| <input type="checkbox"/> Basic Financial / Medical <input type="checkbox"/> Medical Only <input type="checkbox"/> Medically Complex: packet must include DCF-2101 dated within the last six (6) months and signed by all parties <input type="checkbox"/> TFC Rate: packet must include letter from agency stating per diem rate and attach the family's home-study <input type="checkbox"/> Other: Any adoption subsidy rate higher than the above rates must include a memo, with the Office Director AND Regional Administrator's signed approval. | | | | | |
| FORMS AND DOCUMENTS TO BE INCLUDED IN PACKET | | | | | |
| <input type="checkbox"/> VERIFY THAT ALL LICENSING AND BACKGROUND CHECKS ARE IN THE PROVIDER FILE (Verified by Licensing Worker) <input type="checkbox"/> DCF-416 (one in the child's biological name and one in the child's adopted name) signed by SW & subsidy manager <input type="checkbox"/> DCF-418-I (in child's adoptive name) signed by adoptive parents subsidy manager. *If there is an addendum for services please submit proposal outlining additional services signed by all parties. <input type="checkbox"/> DCF-419 (one in the child's biological name and one in the child's adoptive name) signed by subsidy manager <input type="checkbox"/> DCF-738 (in child's adoptive name) signed by adoptive parent(s) and subsidy manager <input type="checkbox"/> DCF-739 (in child's adoptive name) signed and by adoptive parent(s) <input type="checkbox"/> DCF-337 Genetic Parent(s) Information form - signed and initialed by DCF SW and adoptive parent(s) <input type="checkbox"/> DCF-338 Genetic Parent(s) Medical Information form signed by DCF and signed & initialed by adoptive parent(s) <input type="checkbox"/> Immunization Record <input type="checkbox"/> DCF-2248 Child Information Disclosure Form, signed by pre-adoptive family, DCF, etc. <input type="checkbox"/> VS-51 - COPY of Record of Adoption, signed by adoptive parent(s) (VS-51 must perfectly match child and birth parent info. on child's original birth certificate) <input type="checkbox"/> Revenue Enhancement Unit (REU) e-mails regarding IV-E status and social security benefits, as applicable. <input type="checkbox"/> Copy of Child's Birth Certificate <input type="checkbox"/> Copy of Child's Social Security Card <input type="checkbox"/> JD-JM-58 - Copy of OTC order <input type="checkbox"/> JD-JM-31 - Copy of TPR order <input type="checkbox"/> JD-JM-65 - Copy of Adjudicatory/Dispositional Orders (Commitment and Extension of Commitment, etc.) <input type="checkbox"/> Copy of citizenship papers/green card, if the child was born outside of the United States. | | | | | |
| Reviewed by: | | | Approved by: | | |
| Area Office Social Work Supervisor | | Date: | CO Fiscal Representative: | | Date: |
| Subsidy Permanency Specialist CSC: | | Date: | Subsidy Unit Program Supervisor: | | Date: |
| CO Legal Representative; | | Date: | Other Designee, <i>if necessary</i> : | | Date: |