

Connecticut Department of Children and Families
CHECKLIST FOR ADOPTION SUBSIDY APPROVAL

DCF-415
 02/23 (Rev.)



SW LAST Name:	SW FIRST Name:	Is Child DDS Eligible?: Yes No	Is Child part of a sibling group placed together?: Yes No	Is Child Identified as an Indian Child/Youth?: Yes No
Child's Biological LAST Name:	Child's FIRST Name:	Gender:	LINK #:	Date Of Birth:
Child LAST Name (AFTER Adoption- Required):	Child FIRST Name (AFTER Adoption, if applicable):	DCF Office:		
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:
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OUT-OF-STATE ADOPTIVE FAMILY (DOCUMENTS FROM ICPC UNIT):

<input type="checkbox"/> <u>Approved</u> ICPC-100A for Adoption	<input type="checkbox"/> Pre-Adoptive family's approved adoption home-study
<input type="checkbox"/> <u>Concurrence to Discharge</u>	<input type="checkbox"/> Out-Of-State license (current) audit

TYPE OF SUBSIDY:

Basic Financial / Medical Medical Only
 Medically Complex: packet must include DCF-2101 dated within the last six (6) months and signed by all parties
 TFC Rate: packet must include letter from agency stating per diem rate and attach the family's home-study
 Other: Any adoption subsidy rate higher than the above rates must include a memo supporting the higher rate post-adoption: signed by Office Director AND Assistant Bureau Chief.

FORMS AND DOCUMENTS TO BE INCLUDED IN PACKET:

VERIFY THAT ALL LICENSING AND BACKGROUND CHECKS ARE IN THE PROVIDER FILE (Verified by Licensing Worker)
DCF-416 (one in the child's biological name and one in the child's adoptive name) signed by AOSW & subsidy program supervisor
DCF-418-I (in child's adoptive name) signed by adoptive parents and subsidy program supervisor. *If there is an addendum for services please submit proposal (in child's adoptive name) outlining additional services, signed by all parties.
DCF-738 (in child's adoptive name) signed by adoptive parent(s) and subsidy program supervisor
DCF-739 (in child's adoptive name) signed by adoptive parent(s)
DCF-337 Genetic Parent(s) Information form - signed and initialed by DCF SW and adoptive parent(s)
DCF-338 Genetic Parent(s) Medical Information form signed by AOSW and signed & initialed by adoptive parent(s)
Immunization Record
DCF-2248 Child Information Disclosure Form, signed by pre-adoptive family, AOSW and FASU support worker or supervisor
VS-51 - COPY of Record of Adoption, signed by adoptive parent(s). **IF** paternity was established or acknowledged after original birth certificate was created **THEN** assure VS-51 matches the BC on file at the Vital Records Office.
 Revenue Enhancement Unit (REU) e-mails regarding IV-E status and social security benefits, as applicable (less than 6 months old).
 Copy of Child's Birth Certificate
 Copy of Child's Social Security Card
JD-JM-58 - Copy of OTC order
JD-JM-65 - Copy of Adjudicatory/Dispositional Orders (Commitment and Extension of Commitment, etc.)
JD-JM-31 - Copy of TPR order
 Copy of citizenship papers/green card, if the child was born outside of the United States.

Reviewed and Approved by:

Area Office Social Work Supervisor Date	Subsidy Reviewer Date	Subsidy Unit Program Supervisor Date
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