

CHECKLIST FOR ADOPTION SUBSIDY APPROVAL

DCF-415

10/24 (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:	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

Medically Complex: packet must include DCF-2101 dated within the last six (6) months and signed by all parties

Therapeutic

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-738/9 (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 FCD 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.

DCF-552 - Title IVE - Adoption Subsidy Application

C4K Current child care certificate (if applicable)

C4K Parent Provider Agreement (Total tuition noted)

C4K Application (Adoption Abbreviated Application)

Reviewed and Approved by:

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