

Connecticut Department of Children and Families  
**CHECKLIST FOR ADOPTION SUBSIDY APPROVAL**

DCF-415  
 10/19 (Rev.)



SW LAST Name:	SW FIRST Name:	Is Child DDS Eligible?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Child part of a sibling group placed together?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Child Identified as an Indian Child/Youth?: <input type="checkbox"/> Yes <input type="checkbox"/> 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:**

- IV-E       SSA – Monthly Benefit of: \_\_\_\_\_       SSI - Monthly Benefit of: \_\_\_\_\_

**OUT-OF-STATE ADOPTIVE FAMILY:**

- Approved ICPC-100A for Adoption       Pre-Adoptive family's approved adoption home-study

**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 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 documentation of legal acknowledgement must be included in subsidy packet. The VS-51 would then reflect BOTH mother and father's names.  
 Revenue Enhancement Unit (REU) e-mails regarding IV-E status and social security benefits, as applicable.  
 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.

<b>Reviewed by:</b>		<b>Approved by:</b>	
Area Office Social Work Supervisor	Date:	CO Fiscal Representative:	Date:
Subsidy Permanency Specialist CSC:	Date:	Subsidy Unit Program Supervisor:	Date: