

Adoptive Parent #1 Name (LAST, First):	Adoptive Parent #2 Name (LAST, First):
Child's Name (LAST, First):	
Date of Birth:	Place of Birth:

I/We, affirm that I/We will be adopting the above named special needs child and agree to receive payments for reimbursement of non-recurring adoption expenses incurred prior to the finalization of the adoption.

The Department will reimburse the following non-recurring adoption expenses:

Type of Expense	Estimated Cost
TOTAL ESTIMATED COSTS	

Adoptive Parent #1 Signature:	Date:
Adoptive Parent #2 Signature:	Date:

Approved by Authorized Agent for the Department of Children and Families:	Date:
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Date:

Signed copy of this agreement was given or sent to adoptive parents on: