

For LDSS Office use only LDSS will complete	
Case ID	Client ID

AGENCY NAME:

Instructions: Adoptive parents must be informed of the Adoption Assistance Program and give the opportunity to apply for or decline assistance. This application is used to request or decline adoption assistance, reimbursement of nonrecurring expenses, and Medicaid coverage. Once completed, please return the form to your child's Family Services Specialist, who will use it – along with the required supporting documentation – to help determine your child's eligibility.

Child's current legal name		Child's name after adoption (if known)	
Child's Date of Birth (month, day, year)		Age of Child	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident
Name of Adoptive Parent		Telephone Number	Email Address
Name of Adoptive Parent		Telephone Number	Email Address
Address of Adoptive Parent			
I/We request the following types of adoption assistance      Are you adding your child to your private health insurance?      Yes      No <input type="checkbox"/> Monthly Maintenance Payment <input type="checkbox"/> Nonrecurring Expenses (attorney fees, court fees, home study fees, etc.) <input type="checkbox"/> Medicaid <input type="checkbox"/> Special Service      Type of Service: <input type="checkbox"/> Child Care      Name of Provider:			
<b>Other siblings who are being adopted at the same time (add additional page if necessary)</b>			
<b>Name</b>	<b>D.O.B.</b>	<b>Name</b>	<b>D.O.B.</b>
<b>List all adoptive family household members (excluding children and parents listed above)</b>			
<b>Name</b>	<b>Relationship</b>	<b>D.O.B.</b>	
<b>CHILD FINANCIAL RESOURCES</b>			<b>Amount</b>
Social Security Disability (from child's birth or adoptive parent)			
Social Security Survivor's Benefit (from child's birth or adoptive parent)			
Supplemental Security Income (SSI – child's disability)			
Other:			
<b>Total:</b>			
<b>ADOPTIVE FAMILY FINANCIAL CIRCUMSTANCES</b>			
Name of Parent 1:			<b>Amount Received</b>
Earned Income Source:			
Other Source of Income:			
Other Source of Income:			
Other income sources include employment, SSI payments, foster care payments, adoption assistance payments, etc.			<b>Total:</b>



Name of Parent 2:	Amount Received
Earned Income Source:	
Other Source of Income:	
Other Source of Income:	
Total monthly income. Include employment, SSI payments, foster care payments, adoption assistance payments, etc. <b>Total:</b>	
<b>Total household monthly income for Parent 1 + Parent 2</b> <b>Total:</b>	
<b>ADOPTIVE PARENT ACKNOWLEDGEMENT</b>	
1. I/We are <input type="checkbox"/> Applying for Adoption Assistance <input type="checkbox"/> Declining Adoption Assistance 2. I/We certify we are unable to adopt the child without assistance. 3. I/We understand that Virginia's rates will be used to determine adoption assistance payments, regardless of my state of residence. 4. I/We understand we must enter into an Adoption Assistance Agreement with the LDSS prior to the final Adoption Decree. 5. I/We understand that any changes that may affect adoption assistance funding must be reported to the LDSS at the time they occur. 6. I/We have received the Adoption Program Information Sheet.	
Signature of Adoptive Parent:	Date:
Signature of Adoptive Parent:	Date:

<b><i>FOR LOCAL OFFICE USE ONLY – FAMILY SERVICES SPECIALIST MUST COMPLETE</i></b>
<b>Adoptive Parent Certification and Additional Comments</b>

*\* Background checks must be current, within 18 months of filing the Report of Investigation.*

<b>ADOPTIVE FAMILY INFORMATION</b>	<b>Adoptive Parent</b>	<b>Adoptive Parent</b>
Legal Name		
U.S. Citizen		
Relative of Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved LDSS Home Study / Child Specific Addendum	Date Certified:	Date Exp:
<input type="checkbox"/> Approved LCPS Home Study / Child Specific Addendum	Date Certified:	Date Exp:
Date/Results of Fingerprint Checks		
Date/Results of CPS Clearances		
Family Services Specialist:		
Email Address:	Telephone:	