

VIRGINIA APPLICATION FOR ADOPTION ASSISTANCE

Submitted to Name of Local Department for
Name of Child born on Date of Birth

PURPOSE OF APPLICATION

This application is for adoptive parents who want to adopt a child with special needs to:

- Request adoption assistance on behalf of the child; or
- Decline adoption assistance (go directly to Section 8B and sign).

This application is completed by the adoptive parent(s) with the worker from the child placing agency.

SECTION 1: Child's Special Needs and Resources. (Section 1 completed by worker.)

A. This child has the following special need(s), as documented by a qualified professional.

- Child has a physical, mental, or emotional condition existing prior to adoption. Describe:
- Child has a hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. Describe:
- Child is a member of a minority group based on racial, multi-racial, or ethnic heritage. Describe:
- Child has a close relationship with one or more siblings and siblings are placed with same adoptive parents.
- Child is age six years or older and has been in foster care for eighteen (18) months or longer.
- Child meets all medical or disability requirements for Social Security Income (SSI). Describe medical or disability special need:
- Child has developed significant emotional ties with his or her foster parents while in their care for at least 12 months, the foster parents are committed to adopting this child, and state adoption assistance maintenance payments are necessary to enable the adoption. Describe:
- Child had the following special need(s) at the time of the adoption, it was not diagnosed until after the final order of adoption, and no more than one year elapsed from date of diagnosis. Child has:
 - A physical, mental, or emotional condition. Describe:
 - Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. Describe:

B. This child is now receiving the special services and/or supports below.

Special Services/Supports			
Special Services/Support	Provider	How often	Cost
			\$
			\$
			\$
			\$
			\$

C. This child has the financial resources below to meet his/her needs.

Child's financial resources	Average Monthly Amount
Social Security Disability (SSD - disability of child's birth parent)	\$
Social Security (survivor's benefit - death of child's birth parent)	\$
Supplemental Security Income (SSI - child's disability)	\$
Child inheritance	\$
Other: _____	\$
Other: _____	\$
Total Amount	\$ 0

SECTION 2: Family Circumstances (Section 2 through Section 8 completed by adoptive parents.)

The purpose of gathering information in this section is to:

- Help you plan for integrating this child into your family.
- Help you evaluate:
 - The financial resources you have available to support this child.
 - Your expenses for the child as a member of your family, based on your current lifestyle and future plans and based on the needs of the child.
 - Any remaining funds you have available to care for the child (i.e., subtracting your expenses for the child from the financial resources available for the child).
 - Any remaining funds you have available that may be used for special services (i.e., amount of funds you can financially afford to pay, if you are requesting assistance with special services, taking into account all resources and expenses for the child).
 - Other resources available to help address this child’s special needs (e.g., Medicaid, health insurance, family, neighbors, faith-based community, schools, other government resources).
 - The financial assistance you may need in order to adopt and meet this child’s special needs.

This information also helps you negotiate with the local department on the adoption assistance you need for the child. This information is kept confidential and secure by the local department. The local department shall not use this information in determining the child’s eligibility for adoption assistance maintenance payments, nor as the sole factor in assessing family circumstances or in determining adoption assistance payments.

A. What additional financial resources will this child be eligible for when you adopt this child? For example, a trust fund or social security benefits.

Additional financial resources/benefits for child	Average Monthly Amount
	\$
	\$
	\$
Total Amount	\$ 0

B. How many people do you financially support on an ongoing basis? For example, children in foster care, adopted children, young adults at college, and elderly people not living in home. Do not include this child.

Type of people you financially support	Number
People living in your home	
Children up to age 21 not living in your home	
Other people not living in your home	

C. What financial resources do you use on a regular basis to support people in Item 2B above? Include payments received for individual children, such as child support, social security, foster care, and adoption assistance.

Your Financial Resources	Average Monthly Amount
Earned income (e.g., adjusted gross income from federal tax return)	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
Total Amount	\$ 0

D. What expenses do you pay on a regular basis for the following people, based on your current lifestyle and future plans? If amount is not known, please provide reasonable estimate.

- People living in the adoptive home; and
- Children up to age 21 not living in home.

Type of Expenses	Average Monthly Amount
Mortgage/rent	\$
Utilities (e.g., gas, water, electricity, heating oil)	\$
Food (e.g., groceries)	\$
Phone/cell phones	\$
Car expenses (e.g., loan payment, insurance, gas, maintenance)	\$
Clothing	\$
Child care costs	\$
Child support payments	\$
School costs (e.g., supplies, fees)	\$
Other loan payments (e.g. student loan)	\$
College tuition	\$
Extracurricular/sports activities	\$
Recreation (e.g., movies, dinner out)	\$
Vacation	\$
Health insurance	\$
Health costs not covered by insurance (medical, dental, behavioral health)	\$
Life/disability insurance	\$
Homeowner/renter insurance	\$
Home maintenance expenses	\$
Real estate and personal property taxes, if not included in mortgage	\$
Credit cards	\$
Retirement/savings/investments	\$
Charities	\$
Other _____	\$
Other _____	\$
Other _____	\$
Other _____	\$
Other _____	\$
Total Amount	\$ 0

E. What ongoing expenses for this child, not identified above, do you need to pay in order to meet this child's needs? These are expenses you are not requesting adoption assistance.

Other expenses for this child	Average Monthly Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount	\$ 0

F. How much do you spend on a regular basis for other people not living in your home? For example, elderly people you support regularly.

Name of person	Average Monthly Expenses
	\$
	\$
	\$
	\$
	\$
Total Amount	\$ 0

SECTION 3: Basic Maintenance Needs for Child

Financial assistance is available to help pay for the basic maintenance needs of this child, such as housing, food, clothing, transportation and/or personal incidentals.

Are you requesting basic maintenance payments at this time?

- No
 Yes

SECTION 4: Additional Supervision and Support Needs for Child

A. Do you believe this child has behavioral, emotional, or physical care needs that require additional supervision and support from you in order to ensure this child's safety and well-being?

- No, please go to Section 5.
 Yes, please answer question below.

If yes, are you requesting an enhanced maintenance payment at this time for providing the additional supervision and support that you believe the child requires?

- No
 Yes

SECTION 5: Health Insurance for Child

What type of health insurance coverage will you use for this child?

- Add child to your health insurance policy (e.g., employer plan, TRICARE, CHAMPVA, self-purchased plan).
 Add child to your health insurance policy and use Medicaid or FAMIS as secondary health insurance, if child is eligible.
 Will not add child to your health insurance policy. Please explain why not:

- Use Medicaid or FAMIS if this child is eligible.

SECTION 6: Non-Recurring Adoption Expenses for Child

Financial assistance is available to help pay for reasonable and necessary expenses directly related to the legal adoption of this child, if the adoption assistance agreement is executed prior to the final order of adoption.

Are you requesting assistance with these adoption expenses up to \$2,000?

- No, please go to Section 7.
- Yes, please complete chart below:
- Check the type of expense you are requesting.
 - For expenses you have already paid, list the dollar amount you are requesting reimbursement.
 - For expenses not yet paid, list the estimated dollar amount you are requesting to pay the provider.
 - Attach documentation of receipts for expenses you paid and/or bills from providers.

Requested Adoption Expenses	Amount
<input type="checkbox"/> Court costs related to filing an adoption petition	\$
<input type="checkbox"/> Attorney fees & other legal service fees directly related to finalizing adoption	\$
<input type="checkbox"/> Health and psychological examinations	\$
<input type="checkbox"/> Supervision of the placement prior to adoption	\$
<input type="checkbox"/> Transportation, lodging, and food for child and/or adoptive parent(s)	\$
<input type="checkbox"/> Adoption fee(s) charged and home study done by licensed child placing agency	\$
<input type="checkbox"/> Other costs necessary to complete child placement/adoption process _____	\$
Total Amount (not to exceed \$2,000)	\$ 0

SECTION 7: Special Services and/or Supports for Child

Are you requesting assistance with services and/or supports that are necessary to meet this child's documented special needs? (Please see Section 1 for information on child's special needs and services.)

- No, please go to Section 8.
- Yes, please complete chart below:
- List all special services/supports you are requesting.
 - For each special service/support:
 - List all resources that can help pay the cost. Resources may include Medicaid, private health insurance, schools, government resources, family, etc. (continue on back of page if needed).
 - List your cost for the service, after subtracting amounts to be paid by all other resources.
 - Show how you suggest sharing your cost. List the amount you will pay and the amount of adoption assistance you are requesting.

Special Service/Support Requested	Resources to Help Pay Cost	Your Cost	How to Share Cost	
			Amount you will pay	Amount you are requesting
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

SECTION 8: Signatures

- If you are requesting adoption assistance, please complete Item A below.
- If you are declining all adoption assistance, please complete Item B below.

A. Request Adoption Assistance

By signing Section 8A of this application, I/we are confirming that I/we understand and agree with the following statements:

- I/We received the Information Sheet on the Virginia Adoption Assistance Program. The program has been explained to my/our satisfaction.
- I/We received a copy of the Virginia Adoption Assistance Screening Tool determining this child's eligibility for adoption assistance. I/we understand the types of payments and services available for this child.
- I/We are officially applying for and requesting adoption assistance.
- I/We understand the local department and I/we will use the information in this application to help assess all available family, community, and government resources to help me/us meet this child's special needs.
- I/We understand that the local department will use this information to assess and negotiate with me/us: 1) the resources I/we will provide to care for the child; and 2) the adoption assistance I/we need to adopt and meet this child's special needs.
- I/We understand that the terms for adoption assistance that the local department and I/we agree upon will be written in an adoption assistance agreement that will be signed by and binding on all parties.
- I/We understand that I/we have the right to appeal adoption assistance decisions made by the local department related to decisions made on this application. I/We received written information on the appeals process.
- I/We have completed and signed this application. I/We certify that the information in this signed application is true, accurate, and complete to the best of my/our knowledge.

Adoptive Mother _____ Date: _____

Adoptive Father _____ Date: _____

B. Decline Adoption Assistance

By signing Section 8B of this application, I/we are confirming that I/we understand and agree with the following statements:

- I/We received the Information Sheet on the Virginia Adoption Assistance Program. The program has been explained to my/our satisfaction.
- I/We received a copy of the Virginia Adoption Assistance Screening Tool determining this child's eligibility for adoption assistance. I/we understand the types of payments and services available for this child.
- I/We do not want to apply for any adoption assistance payments or services.

I/We understand that as a result of signing Section 8B of this application, I/we are declining adoption assistance at this time. I/We understand that if I/we apply for adoption assistance after the adoption is finalized, the eligibility criteria are different and this child may not be eligible for adoption assistance. The eligibility criteria and types of adoption assistance after the final order of adoption are listed in the copy of the Virginia Adoption Assistance Screening Tool I/we received.

Adoptive Mother _____ Date: _____

Adoptive Father _____ Date: _____

LOCAL AGENCY COPY /ADOPTIVE PARENTS COPY