

## ADDENDUM TO VIRGINIA ADOPTION ASSISTANCE AGREEMENT

**Child's Birth Name**

**Child's Adoptive Name**

**Date of Birth**

This addendum is to be used in conjunction with the Virginia Adoption Assistance Agreement that was effective on \_\_\_\_\_ (date) between \_\_\_\_\_, the local department, and \_\_\_\_\_, the "adoptive parent(s)," and \_\_\_\_\_, the licensed child placing agency (LCPA) when this child was in its custody.

This addendum is entered into by \_\_\_\_\_, the local department, and \_\_\_\_\_, the "parent(s)," on behalf of this child named above.

**Child's Documented Special Need(s).** This child has the following additional special need(s) documented by qualified professional(s) and established by the local department (i.e., special need was not previously established and documented on the adoption assistance agreement or an addendum).

- 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:

### PROVISIONS OF ADDENDUM

This addendum is entered into for the purposes of partially assisting the parent(s) in providing care for this child and is binding on all parties. It adds terms to, and/or supersedes terms in, the existing adoption assistance agreement and/or addendum. All parties agree to the terms and provisions contained in this document.

**A. Types of Adoption Assistance.** Payments and services for adoption assistance on behalf of this child have been determined by mutual agreement between the parent(s) and the local department, as documented in this section.

**1. Monthly adoption assistance maintenance payment.**

- a. The source of funding for payments is:  State funds; or  Federal Title IV-E funds.
- b. The total maintenance payment in the chart below shall be made directly to the parent(s) on a monthly basis.

Adoption Assistance Maintenance Payments	Amount	Terms	
<input type="checkbox"/> <b>Basic maintenance payment</b> to help meet this child's needs for housing, food, clothing, transportation, and/or personal incidentals.	\$ _____	From _____ to _____	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms
<input type="checkbox"/> <b>Enhanced maintenance payment</b> to help address this child's needs for additional supervision and support from the parent(s) when required to ensure the safety and well-being of this child, as documented by the Virginia Enhanced Maintenance Assessment Tool (VEMAT).	\$ _____	From _____ to _____	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms
<b>Total maintenance payment amount</b>	\$ _____	From _____ to _____	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms

**2. Special services to meet this child’s documented special needs.**

The local department agrees to make special service payment(s), as identified in the chart below, from state funds to provide necessary service(s) to meet this child’s documented special need(s).

Special Services Payment					
Required Special Service	Payment made to	Payment amount	How often	How long (dates)	Type of Term
		\$		From to	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms
		\$		From to	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms
		\$		From to	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms
		\$		From to	<input type="checkbox"/> New term <input type="checkbox"/> Supersedes prior terms
<b>Additional terms:</b>					

**B. Medical Care.** The item(s) checked below applies to this child:

- Medicaid benefits may be available through the State Plan for Title XIX because this child has a special medical or rehabilitative need that existed at the time the initial adoption assistance agreement was executed prior to the final order of adoption. This child’s Medicaid eligibility is determined in accordance with procedures of the State where this child resides and may change over time due to changes in this child’s income.

**C. Continuation of Adoption Assistance for Child Beyond Age 18**

Adoption assistance shall continue for this child beyond age 18. The local department determined that this child has a condition that warrants continuation of adoption assistance. This child has the condition below, requires ongoing treatment and/or intervention, and continues to willingly cooperate and participate in ongoing treatment and/or intervention.

- A physical or mental disability that was present at the time of the adoption. Describe:
- A physical or mental disability that is related to a hereditary tendency, congenital problem, or birth injury. Describe:
- An educational delay resulting from an existing physical or mental disability that:
  - was present at the time of adoption. Describe:
  - is related to a hereditary tendency, congenital problem, or birth injury. Describe: .

**D. Effect of Addendum**

**1. This Addendum is effective on** . The local department shall only provide payments and services after all parties have signed and dated this addendum and when the agreement is in effect.

**2. The adoption assistance agreement shall continue until:**

- The date specified in the adoption assistance agreement; or

The date listed below:

- On (date when the local department and parent(s) agree to a date prior to this child’s 18<sup>th</sup> birthday).

- For this child who warrants continuation of adoption assistance beyond age 18:

- On \_\_\_\_\_ (date when the local department and parent(s) agree to a date prior to this child's 21st birthday); or
- On this child's 21<sup>st</sup> birthday \_\_\_\_\_ (date child turns age 21).

Adoption assistance shall end for the child who warrants continuation of adoption assistance beyond age 18 when: the child no longer has the physical or mental disability, or the educational delay resulting from such disability; or the child no longer requires ongoing treatment and/or intervention; or the child is no longer willingly cooperating and participating in the ongoing treatment and/or intervention.

**E. Signatures and Dates**

In completing and signing this addendum, all parties verify that they have read and understand this addendum. They certify that the information supplied herein is true, accurate, and complete to the best of their knowledge.

All parties agree to the provisions and terms documented in this addendum.

\_\_\_\_\_

Mother

\_\_\_\_\_

Date

\_\_\_\_\_

Father

\_\_\_\_\_

Date

\_\_\_\_\_

Local Department Representative (Board designee)

\_\_\_\_\_

Date