

Adoption Assistance State Fund Screenshot

Example 1: DSS-5095. Counties should not place anything in the highlighted sections.

Printed forms

20. NON RECURRING COSTS	21. MEDICAL VENDOR	22. THERAPEUTIC VENDOR	23. FUNDING SOURCE	NON-R	BALANCE AVAILABLE MED.	THERAP
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ STATE	IV-B		
CASH PAYMENT REQUEST			CASH PAYMENT TERMINATED			
24. MONTHLY AMOUNT	25. BEGINNING PAYMENT DATE	26. FUNDING SOURCE	IV-B	IV-E	27. REASON	28. TERMINATION DATE
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ STATE	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _ _ _ _ _ _
	MO YEAR					MO DAY YEAR

Example 2: PQ01

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ISPF CHILD PLACEMENT AND PAYMENT SYSTEM 09/02/2022
DSS-5095 ADOPTION/GUARDIANSHIP ASSISTANCE

CO: CASE MGR: NUMBER: CO CASE:
CLIENT ID: 200600000000 CLIENT:
CLIENT SSN: DOB: 0000-00-00 SPECIAL AREAS:
SEX: RACE: SCHOOL: GRADE: HIV STATUS:
-----
15. DOP/SG 16. DOPD 17. SP POP 18. ADOPTION/GUARDIANSHIP ASSISTANCE
000000 000000 00 AGREEMENT FROM 000000 TO 000000
NONRECUR MEDICAL THERAP. FUNDING SRC -- BALANCE AVAILABLE ---
20. COSTS 21. VENDOR 22. VENDOR 23. ST/IVB NonRecur Medical Therap
----- CASH PAYMENT REQUEST ----- -- CASH PAYMENT TERMINATED --
24. MONTHLY 25. BEGIN 26. ST/IVB/IVE 27. REASON 28. TERM. DATE
(MMY) X R 000000
29. DCRRC
0000000 (MMDDYYYY)
----- PAYEE INFORMATION -----
NAME < >< >< >< > (FIRST, MI, LAST, JR.)
ADDRESS < > (STREET ADDRESS)
< > (ADDITIONAL ADDRESS)
< >< >< >< > (CITY, STATE, ZIP-+4)
CLIENT ID NOT FOUND ON DATABASE
    
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Cash Payment Request: State should NEVER be used. Tab under IVB or IVE, using correct codes for AA (X or E) and GAP (R or P)