

Example B

County Baseline = 9

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

NAME OF AGENCY My County DSS	NAME OF PREPARER Faith Legend	PREPARER'S TELEPHONE \$55 \$55-5555	PREPARER'S EMAIL flegend@ddd.com
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CHILD'S INFORMATION			SIS IDENTIFICATION NUMBER										DATE OF DECREE OF ADOPTION	IF SHARED, GIVE NAME OF OTHER AGENCY	AMOUNT OF PAYMENT RECEIVED FROM OTHER SOURCE(S)	AMOUNT OF PAYMENT REQUESTED	CHILD'S SPECIAL NEEDS		
NAME	CUSTODIAL COUNTY NUMBER	AGE	RACE	1	2	3	4	5	6	7	8	9	10						
Sally Smith	92	2	AA	2	0	0	5	2	5	4	5	5	4	5	07/02/2016	n/a	\$ 0.00	\$ 0.00	potential
John Doe	92	6	C	2	0	0	5	4	6	4	6	4	2	3	07/09/2016	n/a	\$ 0.00	\$ 0.00	medical dx
Cindy Lane	92	14	C	2	5	6	2	5	5	6	6	6	6	6	07/14/2016	n/a	\$ 0.00	\$ 12,000.00	age
David Cross	92	9	H	3	6	5	5	4	7	8	9	5	4	3	08/16/2016	n/a	\$ 0.00	\$ 0.00	behavioral disorder

I certify that the above adoption services were provided in compliance with Adoption Promotion Program Fund guidelines and have been documented as required.

Signature of Authorized Official: Faith Legend Print Name: Faith Legend
 Title: Adoption SWS Date: 8.20.16

CERTIFICATION