

Example C (1)

Baseline = 6

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

NAME OF AGENCY	NAME OF PREPARER	PREPARER'S TELEPHONE	PREPARER'S EMAIL
Your Agency	Sally Smith	\$555-555-5555	sally.smith@sss.ss.gov

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	9	9	9				
1 John James	88	4	AA																
2 Cindy Jones	88	16	AA	7	8	9	6	5	4	1	2	2	2	3	07/15/2016	na	\$ 0.00	\$ 0.00	age, race
3 Sam Smith	88	8	C	4	5	6	3	2	1	7	8	9	3	1	08/01/2016	na	\$ 0.00	\$ 0.00	ODD, PTSD
4																			
5																			
6																			
7																			
8																			
9																			
10																			

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: Kevin Dennis Print Name: Kevin Dennis

Title: SUSU Date: 8/12/16

Example C(2)

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

NAME OF AGENCY: Sally Smith NAME OF PREPARER: Sally Smith PREPARER'S TELEPHONE: 555-555-5555 PREPARER'S EMAIL: sally.smith@sss.ss.gov

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	11	12	13	14	15	16	17	18	19	20
4 Joshua Cribb	88	9	AA	3	2	1	4	5	6	9	8	7	5	3	09/15/2016	BGH	\$ 0.00	\$ 0.00	age, race				
5 Robert Thompson	88	4	H	7	4	1	2	5	8	9	6	3	2	1	11/01/2016	na	\$ 0.00	\$ 12,000.00	sibling grp 3				
6 Victoria Thompson	88	8	H	1	4	7	8	8	2	3	6	9	5	11/01/2016	na	\$ 0.00	\$ 12,000.00	sibling grp 3					
7 Abby Thompson	88	12	H	3	6	9	8	5	2	1	2	4	7	7	11/01/2016	na	\$ 0.00	\$ 12,000.00	sibling grp 3				
8																							
9																							
10																							

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: Kevin Dennis Print Name: Kevin Dennis

Title: SWSU11 Date: 11/20/16