



North Carolina Department of Health and Human Services
Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603
Courier # 56-20-25

Beverly Eaves, Governor
Albert Delia, Acting Secretary

Sherry S. Bradsher, Director
(919) 733-3055

November 16, 2012

DEAR COUNTY DIRECTORS OF SOCIAL SERVICES

DEAR EXECUTIVE DIRECTORS OF ADOPTION CHILD PLACING AGENCIES

SUBJECT: ADOPTION PROMOTION PROGRAM FUND

The Division of Social Services announces the availability of the Adoption Promotion Program Fund to county departments of social services and licensed child placing agencies for State Fiscal Year (SFY) 2013. This Fund makes it possible for hundreds of children living in foster care homes or institutions to be adopted into safe, permanent and secure homes.

PURPOSE: The purpose of the Fund is to enhance and expand adoption programs, to secure permanent homes for hard to place children, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner by providing incentives for the adoption of special needs children. Agencies are compensated for adoption services that culminate in the finalization of an adoption. These services (as defined below) include: recruitment of adoptive family, pre-adoption training, post placement support and the facilitation of legal procedures resulting in issuance of a decree of adoption.

- **Recruitment** is the process of finding, screening, and identifying prospective adoptive placement resources.
- **Pre-adoption Training** is preparatory training for prospective adoptive families to provide knowledge and skills necessary for parenting children with special needs.
- **Post Placement Support** is services provided by an adoption agency between the time that a child is placed in the home of his or her prospective adoptive parents and the time that the child's adoption is finalized in court.
- **Facilitation of Legal Procedures** is the completion of legal work necessary to consummate an adoption.

BASELINE: County departments of social services may apply for a portion of the fund after exceeding a predetermined baseline and spending or encumbering previously received funds from the Adoption Promotion Program Fund or Special Children Adoption Fund. A county's baseline will be determined by the average number of children who exited the foster care system by a Decree of Adoption during the last four years after discarding the year with the highest number of finalized adoptions.

Information for the baseline comes from the Adoption Information Management System (AIMS) data that includes the dates of the Decree of Adoption and names of adopted children. Please review the baseline information (Attachment 3) carefully and contact the Division of Social Services immediately, if you believe that the information is incorrect. The Division will correct the baseline number if your agency can provide documentation showing that the baseline information is inaccurate.

Reimbursement requests for youth 13 to 18 years old may be submitted, regardless of whether the agency has met its baseline, if previous reimbursements from either Fund have been spent or encumbered prior to submission of requests for payment.

FUNDING AMOUNTS: The payment levels for disbursement of the Adoption Promotion Program Fund for SFY 2013 are:

- \$ 7,200 per child for children from 0-12 years old; and
- \$12,000 per child for children from 13-18 years old, and sibling groups of three or more who are placed together at the same time in an adoptive family

Payments are only made on behalf of children who have been determined eligible or potentially eligible for adoption assistance benefits. Children who meet the “potentially eligible” criteria for adoption assistance also qualify for consideration in determining agency’s baseline.

SHARING FUNDING: The Fund is designed to encourage partnerships between adoption agencies in achieving permanency for children. The total amount is paid to an agency when the agency recruits, trains the adoptive parent, provides post placement support to the prospective adoptive family and completes the legal paperwork to finalize the adoption. Partial payments are paid when agencies work together to complete an adoption. It is imperative that partnering agencies mutually predetermine each agency’s responsibilities in the adoption process and the percentage of payment that each agency will request, if the placement is shared.

If agencies share in the placement of a child or receive payments from another agency or the adoptive family, it is mandatory that this information be reflected on the Adoption Promotion Program Fund Reimbursement Form, (DSS-1571 modified) (Attachment 2), when reimbursement is requested. It is expected that agencies ensure that needed child; birth family and prospective adoptive family information are openly shared and communicated between both entities via the online Information Sharing Partnership Agreement form, <http://info.dhhs.state.nc.us/olm/forms/dss/dss-5247.pdf>. The Adoption Services Agreement (Attachment 1) should indicate services provided by each agency and be submitted with requests for reimbursement when two agencies work together to finalize an adoption

FUNDING RESTRICTIONS: **An agency may not claim full reimbursement, if that agency worked in partnership with another agency, even though the other agency is not eligible for payment from the Division.** If an agency received payments from other sources for adoption services this information shall be reflected on DSS-1571.

FUNDING USES: Funds may be used for the direct provision or purchase by contract of services included in the definitions of Adoption Services (010), Adoption Recruitment (011), Adoption Assistance Case Management (012), Child-Specific Recruitment, Assessment (013) Training of Adoptive Parents (014), and Post Adoption Case Management (016). The Division encourages you to use these funds for legal or court related services to expedite the adoption process, for post-adoption services and for child-specific recruitment efforts. This would include

the funding for contracts with-out-of-state agencies that are willing to provide a family for your child. Funds cannot be used to purchase automobiles for the county or to supplant the salaries of county workers.

PROCEDURE FOR REIMBURSEMENT: To receive a payment from the Adoption Promotion Program Fund, participating agencies must provide the Division with the following information:

1. Submit the Adoption Promotion Program Fund Reimbursement Form, (DSS-1571 modified) (Attachment 2), to indicate children included in your baseline, if applicable, and to request a payment on behalf of those children for whom the Decree of Adoptions enable you to receive compensation. All sections on Adoption Promotion Program Fund Reimbursement Form, DSS-1571, must be completed, including the signature of an authorized agency official (see instructions for completing Adoption Promotion Program Fund Reimbursement form.)
2. Submit the Adoption Services Agreement with the child's adoptive name and the SIS identification number for each eligible special needs child for whom a decree of adoption has been entered since July 1, 2012. This will enable the Division of Social Services to identify the point at which the baseline is exceeded. County agencies shall not submit this information until they have exceeded their baselines and become eligible for payment, unless requesting payment for youth age 13 or older included in the baseline. Payments are only made after the case is activated in the Child Placement and Payment System (DSS-5095) (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5095.pdf>).
3. Mail the completed Adoption Promotion Program Fund Reimbursement Form (DSS-1571) as soon as possible. The Division of Social Services will not accept scanned or faxed documents. Do not include children, for whom payment has already been made on the Adoption Promotion Program Fund Reimbursement Form, (DSS-1571).

All agencies that received payments from the Special Children Adoption Fund or Adoption Promotion Program Fund previously **must** provide information on how the money was used to enhance or expand their adoption services program before funds can be received for the current fiscal year. Agencies must provide the following information with the first request:

- The total amount of money that was received;
- The state fiscal year in which the money was received; and
- An itemized statement documenting how the money was used or will be used in its entirety before the end of SFY 2013 to enhance and/or expand adoption services for the agency.

If you have questions regarding the Adoption Promotion Program Fund, please contact Amelia Lance at 919-334-1096 or amelia.lance@dhhs.nc.gov. Requests for payments, including all of the required documentation described in this letter should be sent to Ms. Lance at the following address:

North Carolina Division of Social Services
Adoption Promotion Program Fund
325 N. Salisbury St.
MSC 2408 Mail
Raleigh, North Carolina 27699-2408

We encourage you to keep accurate records of the use of the funds for auditing purposes. If you do not exceed your baseline, it is not necessary to submit this information. The purpose of the fund is to recognize and reward exceptional performance in adoption services. It is our expectation that all participating agencies adhere to best practice standards in providing these services. Failure to adhere to best practice standards will result in an agency's ineligibility to continue participation in the Fund.

The Division is committed to providing funding for this program and appreciates all of your efforts to provide safe, permanent homes for North Carolina's children. Since the inception of the Fund the number of special needs adoptions has steadily increased. We believe that this Program is one of the positive factors in that accomplishment.

Sincerely

A handwritten signature in blue ink that reads "Kevin Kelley". The signature is written in a cursive style with a large initial "K".

Kevin Kelley, Section Chief
Child Welfare Services

Attachments

- (1) Adoption Promotion Reimbursement Form (DSS-1571-*modified*) and Instructions
- (2) Adoption Services Agreement Form
- (3) Baseline for Participation in Adoption Promotion Fund SFY 2013

CWS-14-12

cc: Sherry Bradsher
Kathy Sommese
Child Welfare Services Team Leaders
LaKeitha Miller

Adoption Services Agreement

This Adoption Services Agreement entered into between the _____
Name of Custodial Agency
 County Department of Social Services (hereinafter referred to as "Custodial Agency") and
 _____ (hereinafter
Name of Child Placing Agency
 referred to as "Placing Agency") serves as verification of the adoption services provided on behalf of

Name of Child SIS Number
 for her/his adoption by _____
Name(s) of Adoptive Parent(s)

ADOPTION SERVICES PROVIDED

Adoption Services	Reimbursement Percentage	Claimant	
Recruitment of Adoptive Family	(25%)	<input type="checkbox"/> Placing Agency	<input type="checkbox"/> Custodial Agency
Pre-adoption Training	(25%)	<input type="checkbox"/> Placing Agency	<input type="checkbox"/> Custodial Agency
Post placement Services	(25%)	<input type="checkbox"/> Placing Agency	<input type="checkbox"/> Custodial Agency
Facilitation of Legal Procedures	(25%)	<input type="checkbox"/> Placing Agency	<input type="checkbox"/> Custodial Agency

FINANCIAL SHARING AGREEMENT

(INDICATE THE AMOUNT OF REIMBURSEMENT REQUESTED BY EACH AGENCY)

\$ _____ Placing Agency \$ _____ Custodial Agency

We, the Custodial Agency and the Placing Agency, agree to the provisions set forth in this agreement and will **ONLY** submit invoice(s) for documented adoption services rendered on behalf of above named child.

Custodial Agency

Placing Agency

 Authorized Signature

 Print Full Name

 Title

 Date

 Authorized Signature

 Print Full Name

 Title

 Date

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

NAME OF AGENCY	NAME OF PREPARER	PREPARER'S TELEPHONE ()	PREPARER'S EMAIL
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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.																		

CERTIFICATION

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: _____ Print Name: _____

Title: _____ Date: _____

DSS-1571 (modified) ATTACHMENT 2

INSTRUCTIONS FOR COMPLETING ADOPTION PROMOTION FUND REIMBURSEMENT FORM

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Name of Agency	Enter the name of the agency requesting reimbursement.
Name of Preparer	Enter the name of the individual preparing the Adoption Promotion Fund Reimbursement Form.
Preparer's Telephone	Enter the area code and telephone number of the individual preparing the Adoption Promotion Fund Reimbursement Form.
Preparer's Email	Enter the email address of the individual preparing the Adoption Promotion Fund Reimbursement Form.
Name	Enter the adoptive name of the child for whom you are requesting payment.
Custodial County Number	Enter the county number of the department of social services that had legal custody of the child.
Age	Enter the age of the child for whom you are requesting payment.
Race	Enter one of following codes for the child's race: AA --- African American; C -- Caucasian, H — Hispanic; O --- Other
SIS Identification Number	Enter the child's SIS identification number from the DSS-5095.
Date of the Decree of Adoption	Enter the date the Decree of Adoption (DSS-1814) was filed.
Shared Placement	If two agencies worked together to complete this adoption, give the name of the other agency.
Amount of Payment Received From Other Source(s)	Enter the amount of payment you received from other sources for the provision of adoption services to facilitate this adoption.
Amount of Payment Requested	Enter the amount of payment being requested under the Adoption Promotion Program Fund. NOTE: <i>Total payments received from ALL sources cannot exceed to payment level for the child under this program.</i>
Child's Special Needs	Enter child's special needs. (ie, teenager, siblings, ADHD, cerebral palsy, etc.)

BASELINE FOR SFY 2013

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	BASELINE
ALAMANCE	28	18	26	36	29
ALEXANDER	6	3	9	6	5
ALLEGHANY	3	2	6	5	3
ANSON	0	0	5	5	2
ASHE	2	1	3	3	2
AVERY	2	9	10	0	4
BEAUFORT	13	4	10	12	9
BERTIE	1	2	0	0	0
BLADEN	2	7	1	1	1
BRUNSWICK	24	8	23	15	15
BUNCOMBE	34	36	49	32	34
BURKE	22	24	30	15	20
CABARRUS	17	17	8	2	9
CALDWELL	47	37	29	26	31
CAMDEN	0	0	0	0	0
CARTERET	7	7	9	11	8
CASWELL	2	2	2	2	2
CATAWBA	54	49	29	41	40
CHATHAM	20	15	17	11	14
CHEROKEE	11	5	17	5	7
CHOWAN	1	0	0	0	0
CLAY	4	8	0	1	2
CLEVELAND	24	35	15	27	22
COLUMBUS	4	4	0	2	2
CRAVEN	23	39	37	7	22
CUMBERLAND	32	29	26	26	27
CURRITUCK	8	7	2	0	3
DARE	11	7	7	9	8
DAVISON	20	17	11	21	16
DAVIE	7	4	3	9	5
DUPLIN	1	5	6	1	3
DURHAM	35	26	22	25	24
EDGECOMBE	12	11	25	4	9
FORSYTH	61	56	34	34	41
FRANKLIN	7	9	16	16	11
GASTON	26	26	36	40	29
GRAHAM	0	0	1	3	0
GRANVILLE	9	4	9	7	7
GREENE	5	2	0	5	3
GUILFORD	59	53	58	45	52
HALIFAX	7	3	3	4	3
HARNETT	21	20	15	14	16
HAYWOOD	23	15	6	9	10
HENDERSON	23	20	23	20	21
HERTFORD	1	3	0	1	1
HOKE	6	10	9	4	6
HYDE	0	1	0	1	0
IREDELL	20	17	19	20	19
	SFY 2009	SFY 2010	SFY 2011	SFY 2012	BASELINE
JACKSON	5	1	2	3	2
JOHNSTON	10	22	10	13	11
JONES	1	0	0	1	0
LEE	10	5	4	1	3
LENOIR	5	4	15	8	6
LINCOLN	18	17	12	6	12

MACON	8	8	3	7	6
MADISON	5	6	6	3	5
MARTIN	1	6	2	1	1
MCDOWELL	6	4	12	23	7
MECKLENBURG	130	163	105	78	104
MITCHELL	1	2	1	2	1
MONTGOMERY	0	2	0	0	0
MOORE	10	7	4	2	4
NASH	15	5	6	12	8
NEW HANOVER	49	61	36	43	43
NORTHAMPTON	4	2	2	2	2
ONSLow	14	24	12	5	10
ORANGE	23	22	23	9	18
PAMPLICO	0	2	0	0	0
PASQUOTANK	4	8	0	3	2
PENDER	12	10	4	7	7
PERQUIMINS	0	0	0	0	0
PERSON	1	4	3	2	2
PITT	10	1	9	11	7
POLK	1	10	3	8	4
RANDOLPH	14	14	19	14	14
RICHMOND	11	4	4	5	5
ROBESON	17	14	11	35	14
ROCKINGHAM	14	13	12	32	13
ROWAN	30	24	10	15	16
RUTHERFORD	16	16	5	7	9
SAMPSON	7	3	5	14	5
SCOTLAND	6	6	2	13	4
STANLY	6	2	4	5	4
STOKES	7	10	3	15	7
SURRY	8	12	16	6	9
SWAIN	0	0	1	5	0
TRANSYLVANIA	6	7	4	0	3
TYRRELL	0	0	1	0	0
UNION	26	13	9	6	9
VANCE	6	5	6	4	5
WAKE	98	132	100	80	93
WARREN	0	0	4	0	0
WASHINGTON	6	0	1	0	0
WATAUGA	9	4	7	4	5
WAYNE	39	27	10	21	19
WILKES	35	20	25	19	21
WILSON	2	16	7	11	7
	SFY 2009	SFY 2010	SFY 2011	SFY 2012	BASELINE
YADKIN	8	19	2	10	7
YANCEY	14	8	9	8	8