



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

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

Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

E. C. Modlin, ACSW, Director
(919) 733-3055

February 21, 2001

MEMORANDUM

TO: County Directors of Social Services of the following counties:

Alamance	Buncombe	Burke
Caldwell	Carteret	Catawba
Chatham	Cleveland	Cumberland
Dare	Durham	Forsyth
Granville	Guilford	Harnett
Mecklenburg	Moore	Orange
Polk	Stanly	Transylvania
Union	Wake	Wayne

Re: SPECIAL CHILDREN ADOPTION INCENTIVE FUND

Thank you for agreeing to participate in the Special Children Adoption Incentive Fund. The system is now in order and we are ready to proceed. As previously indicated, the General Assembly has allocated \$500,000 for this fund to financially support eligible adoptions that occur on or after January 1, 2001. This fund will operate on a "first come, first served" basis and you will be notified when funds are no longer available.

In order to standardize the process, we have devised five new forms (attached) that must be completed in order to establish a child's eligibility for the Special Children Adoption Incentive Fund and to initiate monthly payments. Please adhere to the following guidelines.

1. Submit the following forms to establish the eligibility of the child for monthly payments from the Fund:
 - DSS-5213-Verification of Child's Need for Daily Supervision
 - DSS-5214-Agency's Verification of Placement Authority and Child's Living Arrangement
 - DSS-5215-Verification of Child's Health Condition



Once these forms are received, you will receive written notification regarding the availability of funds. If funds are available, money for the child will be encumbered for 60 days since we know there are foster parents who will not commit to adoption until they know funds are available. If the Decree of Adoption is not issued within 60 days, a written request for an extension must be submitted to the Division. Otherwise, the child's name will be dropped from the approved list.

2. Once the Decree of Adoption has been issued, submit the following to initiate monthly payments from the Fund:
 - Copy of DSS-5013-North Carolina Adoption Assistance Agreement
 - DSS-5211-Request for Special Children Adoption Incentive Fund Payment
 - DSS-5212-North Carolina Supplemental Adoption Assistance Agreement for Special Children Adoption Incentive Fund.

When these final documents are received, we will check the 5095 to assure that the child has been entered into the Child Placement and Payment System for the standard adoption assistance rate. Payments cannot be made until the child is entered into the system.

A separate monthly payment from the Special Children Adoption Incentive Fund will be sent to the adoptive parent from the Controller's office. This will work just as adoption assistance currently works, with the county's financial participation being drafted from their accounts. The payments will continue until we are notified by the county to terminate the fund, the child reaches his eighteenth birthday, or funds are no longer available from the General Assembly.

Please note that each participating county DSS can decide to support a limited number of adoptions through the Special Children Adoption Fund. Limiting the number based on the availability of local financial resources is reasonable and allowable. If you expect the number of interested and eligible families/children to exceed your fiscal capacity, we strongly encourage you to adopt local agency policy which describes how you select families/children in a non-discriminatory manner (i.e. based on severity of condition of child, etc.).

If you have any questions, please call Esther High at 919-733-4622. Send or fax forms to:

Esther T. High, Special Needs Adoption Coordinator
N. C. Division of Social Services, Children's Services Section
325 N. Salisbury Street, Room 756
2408 Mail Service Center
Raleigh, NC 27699-2408; fax 919-715-6714



Special Children Adoption Incentive Fund
February 20, 2001
Page 3

We are very excited about this opportunity and we believe that your interest reflects a sincere commitment to finding safe, permanent families for children with very special needs.

Sincerely,



Charles C. Harris, Chief
Children's Services Section

Attachment

Cc: Chip Modlin
Nancy Coston
Gary Fuquay
Floyd Bowen
Paul Lesieur
Children's Services Team Leaders
CPRs
Local Support Managers
Local Business Liaisons



**NORTH CAROLINA SUPPLEMENTAL ADOPTION ASSISTANCE AGREEMENT
FOR SPECIAL CHILDREN ADOPTION INCENTIVE FUND**

_____ County Department of Social Services

This Supplemental Adoption Assistance Agreement has been entered into by and between the

_____ County Department of Social Services, _____
Address

_____ thereafter called the "Agency" and _____
Telephone No. Adoptive Parent(s)

_____ Address Telephone No.

hereafter called the "Adoptive Parent(s)," for the purpose of facilitating the adoption of _____
Child's First Name

born on _____, and to aid the adoptive family in providing proper care for this child.
Date

I/We, the prospective adoptive parent(s), agree that I/we intend to adopt _____ and
Child's First Name
have signed this document prior to the finalization of the adoption so that this child can receive a
supplemental payment from the Special Children Adoption Incentive Fund. I/we have already signed the
regular Adoption Assistance agreement on behalf of this child.

I/We agree to accept payments from the Special Children Adoption Incentive Fund in the amount of
\$ _____ per month as a supplement to the standard adoption assistance benefit.

**I/we understand that the Special Children Adoption Incentive Fund benefits are not an
entitlement and are subject to the continuing availability of state and county funds.**

I/We, the Adoptive Parent(s), and we, the Agency, have read, understand, and agree to the terms and provisions of
this Supplemental Adoption Assistance Agreement.

Adoptive Mother

Adoptive Father

Date

Date

Authorized Agency Director's Signature

Date

A signed copy of the Supplemental Adoption Assistance Agreement was given/sent to the adoptive
parents(s) or: _____
Date



STATE OF NORTH CAROLINA

_____ COUNTY

**SPECIAL CHILDREN ADOPTION INCENTIVE
FUND**

**VERIFICATION OF CHILD'S HEALTH CONDITION
(Physician's Statement)**

I certify that the child, _____,

has the following health condition, and this health condition is expected to result in significant impairment in the child's ability to function in the home, school or community and to endure throughout his/her childhood. The child's health condition and resulting impairment are:

(Physician's Signature)

(Date)

DSS-5215 (1/01)
Children's Services



STATE OF NORTH CAROLINA

_____ COUNTY

**SPECIAL CHILDREN ADOPTION INCENTIVE
FUND**

VERIFICATION OF CHILD'S NEED FOR DAILY SUPERVISION

I certify that I am a licensed health, mental health or developmental disability practitioner directly involved in the care of _____
(Name of Child)

This child has a health condition which requires eight or more hours daily of direct supervision from a foster parent, health professional or special education teacher to meet personal health needs or prevent self-destructive or assaultive behavior. The child's daily supervision needs include the following:

(Signature)

(Position)

(Date)

DSS-5213 (1/01)
Children's Services



STATE OF NORTH CAROLINA

_____ COUNTY

**SPECIAL CHILDREN ADOPTION INCENTIVE
FUND**

**AGENCY'S VERIFICATION OF LEGAL CUSTODY AND CHILD'S LIVING
ARRANGEMENT FOR PAST SIX MONTHS**

I, the undersigned declare that I am _____
(Director of Social Services)
of _____ Department of Social Services, and I verify that

_____ is in the legal custody and
(Name of child for whom incentive fund will be made)

placement authority of the _____ Department of Social
Services. I further verify that the said child has resided in the licensed foster home of

(Name of licensed foster parent(s))

(Mailing Address of licensed foster parent(s))

for the previous six consecutive months on a continuous basis and that the foster parent(s) have received monthly cash assistance from a governmental source in excess of the standard board rate established by the General Assembly for the previous six months on a continuous basis. The foster parent(s) have stated a willingness to adopt this child if the monthly cash assistance that they have received as foster parents is not terminated. The amount of monthly cash assistance **above the standard board rate established by the General Assembly** that is being received by the foster parent(s) is _____.

This is the amount of monthly cash assistance that the parent(s) will receive, subject to continuing legislative authorization, from the Special Children Adoption Incentive Fund **above the standard adoption assistance rate established by the General Assembly** following the issuance of the Decree of Adoption.

(Signature)

(Date)

DSS-5214 (1/01)
Children's Services

