

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

| NAME OF COUNTY/AGENCY | | NAME OF PREPARER | | | | PREPARER'S TELEPHONE () | | | | PREPARER'S EMAIL | | | | | | |
|-----------------------|-------------------------|------------------|------|---------------------------|--|--------------------------------|--|--|--|------------------|--|----------------------------|--------------------------------------|---|-----------------------------|-----------------------|
| | | | | | | | | | | | | | | | | |
| 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: _____

INSTRUCTIONS FOR COMPLETING ADOPTION PROMOTION FUND REIMBURSEMENT FORM

| | |
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| County/Agency | Enter the name of the agency requesting reimbursement. |
| Preparer | Enter the name of the individual preparing the Adoption Promotion Form. |
| Preparer's Telephone Number | Enter the area code and telephone number of the individual preparing the Adoption Promotion Form. |
| Preparer's Email Address | Enter the email address of the individual preparing the Adoption Promotion Form. |
| Name | Enter the adoptive name of the child for whom you are requesting payment. |
| Age | Enter the age of the child for whom you are requesting payment. |
| Race | Enter one of following codes: AI – American Indian; AN – Alaskan Native; A – Asian; AA --- African American; NH – Native Hawaiian or Pacific Islander; W – White, U --- Unable to Determine |
| Custodial County Number | Enter the name of the agency that had legal custody of the child. |
| 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. |