

Example A

County Baseline = 9

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

NAME OF AGENCY My County DSS	NAME OF PREPARER Faith Legend	PREPARER'S TELEPHONE 555 555-5555	PREPARER'S EMAIL flegend@ddd.com
---------------------------------	----------------------------------	--------------------------------------	-------------------------------------

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	2	0	0	5	2	5	4	5	4	5	4	5	07/02/2016	n/a	\$ 0.00	potential
1. Sally Smith	92	2	C	2	0	0	5	2	5	4	5	4	5	4	5	07/02/2016	n/a	\$ 0.00	potential
2. John Doe	92	6	AA	2	0	0	5	4	6	4	6	4	2	3	07/09/2016	n/a	\$ 0.00	seizures	
3. Cindy Lane	92	15	C	2	5	6	2	5	5	6	6	6	6	6	07/14/2016	n/a	\$ 0.00	age	
4. David Cross	92	9	H	3	6	5	4	7	8	9	5	4	3	08/16/2016	n/a	\$ 0.00	ODD, Bipolar		
5. Jane Jones	92	8	C	1	2	4	5	7	8	6	3	2	4	8	10/10/2016	Agency name	\$ 3,600.00	ADHD	
6. Susie Sampson	92	11	AA	8	9	5	4	4	6	5	6	2	4	5	10/25/2016	n/a	\$ 0.00	sibling grp 3 placed together	
7. Timmy Sampson	92	7	AA	7	9	6	2	1	5	8	9	7	6	3	10/25/2016	n/a	\$ 0.00	sibling grp 3 placed together	
8. Lucy Sampson	92	5	AA	5	6	1	3	7	4	9	6	4	3	2	10/25/2016	n/a	\$ 0.00	sibling grp 3 placed together	
9. Lisa Lee	92	12	C	1	3	2	6	4	8	5	2	7	9	6	01/15/2017	n/a	\$ 0.00	potential	
10. Paige Johnson	92	10	H	7	3	8	1	9	4	6	2	5	4	6	01/30/2017	n/a	\$ 7,200.00	PTSD	

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: *Faith Legend*
 Title: *Adoption SW*

Print Name: Faith Legend
 Date: 2-6-17