

Example B

County Baseline = 9

ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

| | | | |
|---------------------------------|----------------------------------|--|-------------------------------------|
| NAME OF AGENCY My County DSS | NAME OF PREPARER Faith Legend | PREPARER'S TELEPHONE \$55 \$55-5555 | 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 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | | | |
| Sally Smith | 92 | 2 | AA | 2 | 0 | 0 | 5 | 2 | 5 | 4 | 5 | 5 | 4 | 5 | 07/02/2016 | n/a | \$ 0.00 | \$ 0.00 | potential |
| John Doe | 92 | 6 | C | 2 | 0 | 0 | 5 | 4 | 6 | 4 | 6 | 4 | 2 | 3 | 07/09/2016 | n/a | \$ 0.00 | \$ 0.00 | medical dx |
| Cindy Lane | 92 | 14 | C | 2 | 5 | 6 | 2 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 07/14/2016 | n/a | \$ 0.00 | \$ 12,000.00 | age |
| David Cross | 92 | 9 | H | 3 | 6 | 5 | 5 | 4 | 7 | 8 | 9 | 5 | 4 | 3 | 08/16/2016 | n/a | \$ 0.00 | \$ 0.00 | behavioral disorder |
| | | | | | | | | | | | | | | | | | | | |
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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 Print Name: Faith Legend

Title: Adoption SWS Date: 8.20.16

CERTIFICATION