



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 Odom, Secretary

Pheon E. Beal, Director  
(919) 733-3055

September 5, 2003

Dear County Director of Social Services

**ATTENTION: Children Services Administrators and Supervisors  
Adoption Services Staff**

**SUBJECT: SPECIAL CHILDREN ADOPTION INCENTIVE FUND UPDATE**

The Special Children Adoption Incentive Fund Program is approaching its third year of operation. This Program enables foster parents of a child that meets the eligibility requirements to receive supplemental adoption assistance payment that equals the amount of public financial assistance that they receive as foster parent for the child. We are pleased to report that there is a growing interest in this program and 17 counties are now participating. Currently, 44 children have been adopted and seven more have been approved for participation in the program. In this letter we will recap the history of the fund and provide copies of the forms needed to access this program.

In 1999, the General Assembly allocated \$500,000 for the Special Children Adoption Incentive Fund to increase adoption opportunities for children with severe challenges by removing the financial disincentives for foster parents to adopt. Since this funding is capped, approvals for participation is granted on a "first come, first served" basis for those who qualify. Counties that participate in the Special Children Adoption Incentive Fund must commit to provide 50% of the cost of the incentive and the state provides the other 50%.

**The Special Children Adoption Incentive Fund is available to all counties who choose to participate. The submission of an application packet is our indication that the county wants to participate.**

For additional information regarding the Program refer to the Family Services Manual, Volume I: Children's Services, Chapter VI: Adoption Services, Section 1305 and Administrative Rules 10A NCAC 70M.0404 and 70M.0405 (formerly 41H.0409 and 41H.0410). The following is a summary of the Program eligibility requirements:

- The child must have been in the custody and placement responsibility of a department of social services for at least six consecutive months;
- The child must have a documented condition/impairment expected to last throughout childhood;
- The child requires eight hours of more of direct supervision daily for personal health care or prevention of self-destructive or assaultive behavior;
- The child must have resided continuously in the home of the licensed foster parent for the previous six months;
- The foster parent has been receiving monthly cash assistance above the established State rate on a continuous basis for the previous six months; and
- The foster parent is willing to adopt the child only if the monthly cash assistance above the State adoption assistance rate received as a foster parent is not terminated.

**Note: The Special Children Adoption Incentive Fund is not an entitlement, as the regular Adoption Assistance, and is subject to continued availability of State and County funds for this purpose.**

To establish eligibility for monthly payments from the Fund departments of social services should adhere to the following guidelines:

1. Submit application package to the State Office that include:
  - 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
2. After review of the materials, the State Office will notify the County of approval/denial or the need for additional information to process the application. If the child is approved for funds, the money will be encumbered for 60 days. A written request for an extension **must** be submitted, if the Decree of Adoption is not issued within 60 days.
3. After the Decree of adoption has been issued, to initiate monthly payments from the Fund, submit the following documents:
  - DSS-5013 -- NC Adoption Assistance Agreement (*copy*).
  - DSS-5211 - Request for Special Children Adoption Incentive Fund Payment
  - DSS-5212 - NC Supplemental Adoption Assistance Agreement for Special Children Adoption Incentive Fund
  - DSS 1814 - Decree of Adoption (*copy*).

**Note: Payments cannot be made until the Adoption Assistance case is opened in the Child Placement and Payment System using the DSS-5095.**



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4. The State Office mails a separate check from the Special Children Adoption Incentive Fund to the adoptive family around the 10<sup>th</sup> of the month.
5. The County notifies the State Office to terminate Fund, if child becomes ineligible prior to 18<sup>th</sup> birthday.

We hope that this information is helpful to you. Please review and refer to it as appropriate in your discussion regarding placement options for foster children with severe physical, mental or psychological needs. If you have any questions regarding benefits under the Program, please do not hesitate to contact Amelia Lance at Amelia.Lance@ncmail.net or (919) 733-2580.

Thank you for your continued participation in the Special Children Adoption Incentive Program.

Sincerely,

A handwritten signature in black ink, appearing to read "JoAnn Lamm". The signature is fluid and cursive, with a long horizontal stroke at the end.

JoAnn Lamm, Program Administrator  
Family Support and Child Welfare

Services Section

Attachments

CC: Pheon Beal  
Sherry Bradsher  
Lakeitha Miller  
Sarah Barham  
Floyd Bowen  
Family Support and Child Welfare Services Team Leaders  
Children's Programs Representatives  
Local Business Liaisons

JAL/ETH/al

**FSCWS-13-03**

**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 of Social Services, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address Telephone Number

thereafter called the "Agency" and \_\_\_\_\_  
Adoptive Parents  
\_\_\_\_\_  
Address Telephone Number

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 of this child.

I/We, the prospective adoptive parent(s), agree(s) that I/we intend to adopt \_\_\_\_\_  
Child's First Name

and 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 Date

\_\_\_\_\_  
Adoptive Father Date

\_\_\_\_\_  
Authorized Agency Director's Signature Date

\*\*\*\*\*

A signed copy of the Supplemental Adoption Assistance Agreement was given/sent to the adoptive parent(s) on \_\_\_\_\_  
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

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 of daily direct supervision from a foster parent, health professional or special education teacher to meet personal health needs or prevent self-destructive or assuative behavior. The child's daily supervision needs include the following:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date



STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

**AGENCY 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  
(Name of child for whom incentive fund will be made)

and 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))

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code )

for the previous six consecutive month 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 the parent(s) will receive, subject to continuing legislative authorization, from the Special Children Adoption Incentive Fund **above the standard board rate established by the General Assembly** following the issuance of the Decree of Adoption.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date