

## ADOPTIVE FAMILY SUBSIDY APPLICATION

### Completion Instructions for Pages 2 through 4

A. Purpose.

To apply for adoption assistance. A completed application includes pages 1 through 8 and any required documentation. The types of adoption assistance that may be available are:

1. **AHCCCS/Medicaid Coverage:** The Arizona Health Care Cost Containment System (AHCCCS) or Medicaid program in most cases will provide coverage for the child’s medical, dental and mental health services. Enrollment is based on eligibility for Adoption Subsidy.
2. **Special Services:** Payment for services that are prior authorized and related to pre-existing diagnosed conditions that are not covered by AHCCCS or Medicaid, private insurance and community resources. **The Adoption Subsidy program does not cover services that are the responsibility of the public schools, other government agencies and community agencies, or that are not prior authorized.**
3. **Maintenance:** Monthly payment provided to adoptive parents to assist with the extra expenses involved in the care, time and supervision of a special needs child.
4. **Reimbursement of Non-recurring Adoption Expenses:** These are reasonable and necessary expenses directly related to the legal process of adopting a special needs child. Actual expenses up to \$2000 per petition, may be reimbursed.

B. Completion.

Complete the application in as much detail as possible for the specific types of assistance you are requesting.

1. Read this page and sign at the bottom, indicating that you understand the application process.
  2. Complete the information requested on pages 2 and 3.
    - a. Provide the demographic information requested.  
*Special Services:* List the pre-existing medical, dental and mental/behavioral health conditions which the child is diagnosed as having or documented conditions of the birth parents that place the child at high risk. Attach documentation from the child’s professional health service provider(s) as to the diagnosis and prognosis for each preexisting condition. **All documentation must be current within one year of the application.**  
*Maintenance:* Indicate amount of daily maintenance being requested and the current daily amount being received in Foster Care (if applicable). Explain the need for maintenance payments and how the need is related to the extra expenses involved in the care, time and supervision of the special needs of the child and the family’s circumstances.
- Complete a **Rate Evaluation**. List the additional expenses that require financial assistance. Maintenance is intended to

assist the family so they can adopt but cannot be expected to cover all the expenses incurred in the care or daily living of the child. Examples of expenses for which maintenance may be warranted include but are not limited to, transportation to therapy, medical insurance premiums, and tutoring.

The amount of maintenance cannot exceed the family foster care rate the child would be eligible to receive. Direct benefits available to the child such as Social Security Survivor’s benefits will be deducted from the approved maintenance amount.

*Reimbursement of Non-recurring Adoption Expenses:* List the reasonable and necessary expenses related to the legal process of adoption such as adoption fees, court costs, attorney’s fees and home studies. The actual expenses may be reimbursed up to \$2,000 per petition. State law prohibits payment of expenses submitted more than nine months after the date of the final adoption decree.

- b. Provide the information requested regarding resources such as private insurance. If you have private insurance list the company information. The family’s insurance is the primary payer and adoptive parents are expected to add the adoptive child to their coverage unless the cost is prohibitive. List community or other government agencies for which the child may qualify such as the Division of Developmental Disabilities, Children’s Rehabilitative Services, Muscular Dystrophy Association, Easter Seal Society, etc.
  - c. Describe financial benefits the child may be receiving or may be eligible to receive. Verify this information with the adoption case manager.
3. Read the statements of understanding on page 4 and if you agree, sign the application.
  4. Have the adoption case manager complete pages 6 and 7 of the application and attach the documentation required to complete the application. The completed application is submitted to the Adoption Subsidy unit by the adoption case manager.

**Note:** The application process is not complete until this form and the necessary documentation is received by the Adoption Subsidy program. The application is reviewed by the Management Review and a decision is issued regarding eligibility. An agreement is completed and must be signed by the adoptive parents and the Adoption Subsidy supervisor **before the adoption is final.**

**I have read and understand the above instructions regarding the completion of the Adoptive Family Subsidy Application.**

|                              |      |
|------------------------------|------|
| PRIMARY PARENT’S SIGNATURE   | DATE |
| SECONDARY PARENT’S SIGNATURE | DATE |

## ADOPTIVE FAMILY SUBSIDY APPLICATION

**I / We, the undersigned adoptive parent(s) are unable to adopt without Adoption Subsidy and therefore request Adoption Subsidy for the child named below.**

|   |                    |   |            |   |
|---|--------------------|---|------------|---|
| PRIMARY PARENT'S NAME <i>(First, M.I., Last)</i>          |                    |   | BIRTHDATE  | SOC. SEC. NO.                                     |
| ETHNICITY   | PREFERRED LANGUAGE | MARITAL STATUS  | OCCUPATION | RELATIONSHIP TO CHILD                             |
| SECONDARY PARENT'S NAME <i>(First, M.I., Last)</i>        |                    |   | BIRTHDATE  | SOC. SEC. NO.                                     |
| ETHNICITY   | PREFERRED LANGUAGE | MARITAL STATUS  | OCCUPATION | RELATIONSHIP TO CHILD                             |
| ADOPTIVE CHILD'S PROPOSED NAME <i>(First, M.I., Last)</i> |                    |   | BIRTHDATE  | SOC. SEC. NO.                                     |
| ETHNICITY   | PREFERRED LANGUAGE | WAS THE CHILD PREVIOUSLY ADOPTED?<br>Yes    No    If Yes, Date: |            | IF YES, WAS THE ADOPTION SUBSIDIZED?<br>Yes    No |
| PREFERRED METHOD OF CONTACT                               |                    |   |            |   |
| Phone: _____  |                    | Mail: _____   |            | E-mail: _____                                     |

### TYPE(S) OF SUBSIDY BEING REQUESTED

**SPECIAL SERVICES** (Services are requested for the following preexisting diagnosed conditions of the child or diagnosed conditions of the birth parent that place the child at high risk). **NOTE: Health services professionals' documentation is required and must include a diagnosis for each condition listed and must be current within one year of application.**

*MEDICAL (List diagnosed conditions)*

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*DENTAL (Diagnosed conditions other than routine)*

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*MENTAL / BEHAVIORAL HEALTH (List diagnosed conditions)*

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# ADOPTIVE FAMILY SUBSIDY APPLICATION

## MAINTENANCE *(Monthly payments to assist with the extra costs of care, time and supervision of a special needs child)*

DAILY MAINTENANCE PAYMENTS *(Amount requested)* \$

Explain the child's current needs, current behaviors, the services the child is receiving, extra travel or expenses incurred for the child, how the money will be used for the child and the family's circumstances for which maintenance payments are needed. Attach a **Rate Evaluation** to assist in determining a rate.

## REIMBURSEMENT OF NON-RECURRING ADOPTION EXPENSES *(Non-recurring adoption expenses are defined as reasonable and necessary adoption fees, court costs, attorney fees and other expenses related to the legal process of adoption of a child with special needs. Other expenses may include the home study, required health and psychological examinations of the adoptive parents and supervision of placement prior to the adoption.)*

| Description of Expenses<br><i>(attorney fees, court costs, etc.)</i> | Specify to whom the amount is due/was paid | Amount |
|--|--|--------|
|  |  |        |
|  |  |        |
|  |  |        |
|  |  |        |
|  |  |        |

## RESOURCES

DO YOU HAVE INSURANCE WHICH WOULD MEET ANY OF THE CHILD'S NEEDS *(If yes, list name of company, address, and policy number)*

Yes No

INSURANCE COMPANY'S NAME

POLICY NO.

ADDRESS *(No., Street, City, State, ZIP)*

## CHILD'S BENEFITS

No benefits are received for the child. *(Verify with adoption case manager)*

IF ANY OF THE FOLLOWING ARE CHECKED, DOCUMENTATION OF ELIGIBILITY SHOULD ACCOMPANY APPLICATION *(Enter all applicable amounts)*

SSA Disability \$ \_\_\_\_\_ SSA Death Benefits \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

Date awarded:

HAS AN APPLICATION FOR ANY OF THE ABOVE BENEFITS BEEN FILED *(If yes, specify type)*

DATE OF APPLICATION

Yes No

## ADOPTIVE FAMILY SUBSIDY APPLICATION

PLEASE READ THE FOLLOWING BEFORE SIGNING

I / We would be unable to adopt this child without a subsidy. [42 U.S.C. 673, Section 473(c)(2)(B)]

I / We understand the adoptive child is eligible to receive AHCCCS/Medicaid service upon the adoption becoming final unless the child is not a U.S. citizen or has a State agreement and resides in a non-reciprocating state.

I / We understand that Adoption Subsidy will enroll the eligible child in Title XIX (AHCCCS/Medicaid), unless the child is not a U.S. citizen.

I / We understand that any changes in circumstances must be reported to Adoption Subsidy (such as placement out of the home, address change, marriage, enrollment in the military, etc.).

I / We understand I/we must exhaust private insurance and/or Title XIX (AHCCCS/Medicaid) and community resources to meet my child's special needs.

I / We understand that any use of special services subsidy must be authorized by the Adoption Subsidy Program prior to obtaining the service.

I / We may appeal the determination of DCS made on this application within fifteen (15) calendar days of the postmark of the decision letter. (A.R.S. § 8-145)

I / We understand that the Civil Rights Act of 1964 prohibits discrimination on the grounds of race, color or national origin in this federally-assisted program.

**I/We understand that the Adoption Subsidy Agreement must be completed and signed by the adoptive parents and the Adoption Subsidy supervisor prior to the adoption becoming final.**

|   |                               |
|---|-------------------------------|
| PRIMARY PARENT'S SIGNATURE              | DATE                          |
| SECONDARY PARENT'S SIGNATURE            | DATE                          |
| ADDRESS (No., Street, City, State, ZIP) | PHONE NO. (include area code) |

**STOP HERE. Pages 6 through 8 are completed by the adoption case manager.**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Disponible en español en la oficina local.

## ADOPTION SUBSIDY AND TITLE IV-E APPLICATION

### Completion Instructions for Pages 6 and 7

- B. Completion (*Continued from page 1*).
5. **ADOPTIVE PARENT STATUS:** Indicate if the adoptive parent(s) have been certified by the court or are relatives who do not have to be certified per ARS 8-105. If neither applies, state why.
  6. **CHILD STATUS**
    - a. **ADOPTION PLACEMENT:** Enter date the child was originally placed in this home and enter the date that the child was placed for adoption.
    - b. **CHILDS LEGAL STATUS:** Indicate with what agency the child's legal custody has been placed. Provide application information as to the child's current legal status to the legal mother and father (*i.e., check box and enter date*). Indicate reason for termination in space provided and indicate whether the documentation is available in the adoption file.
    - c. **FACTORS OR CONDITIONS BECAUSE OF WHICH THE CHILD CANNOT BE ADOPTED WITHOUT ADOPTION SUBSIDY:** Check box(s) and provide the information and documentation required.
      - **PHYSICAL, MENTAL OR DEVELOPMENTAL DISABILITY:** Means the existence of any of the following conditions: a chronically debilitating, progressive or fatal disease which requires assistance for the child in activities of daily living or the requirement of assistance of another person or mechanical device for movement from place to place; a lifelong condition characterized by impaired intellectual development and impedes the ability to function independently; or a child who is developmentally disabled or demonstrates a potential due to a cognitive disability, cerebral palsy, epilepsy or autism which is likely to continue indefinitely and who has substantial functioning limitations in three or more major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living.
      - **EMOTIONAL DISTURBANCE:** Means a condition which impedes the child's ordinary developmental progress.
      - **HIGH RISK OF PHYSICAL OR MENTAL DISEASE:** Means a potentially debilitating condition.
      - **HIGH RISK OF DEVELOPMENTAL DISABILITY:** Means a potentially debilitating condition.
      - **RACIAL OR ETHNIC FACTORS:** Means Black, Hispanic, American Indian, Asian, or other heritage which may prevent a child from being adopted.
      - **SIX (6) OR MORE YEARS OLD:** Means the child's age at the time of application for Adoption Subsidy.
      - **SIBLING RELATIONSHIP:** Means two or more children related by blood or law being adopted by the same adoptive parent.
      - **HIGH RISK OF SEVERE EMOTIONAL DISTURBANCE IF REMOVED FROM THE CARE OF FOSTER PARENTS OR RELATIVES:** Means the foster care/relative relationship existed before the foster adoption placement was made and the development of significant emotional ties to the foster/relative family exists and the high risk of severe emotional disturbance if removed from the care of the foster parents or relatives is documented by the child's case manager and diagnosed by a psychologist or psychiatrist approved by the department. **This condition is not a special need unless the foster care relationship existed before the foster adoption placement was made.**
  7. **EFFORTS TO PLACE WITHOUT SUBSIDY:** Federal statutes require that in each case an effort be made to place the child without adoption subsidy. The only exception is when it would not be in the best interests of the child because of the existence of significant emotional ties with the prospective adoptive parents **while in their care as a foster child**.
    - **ANSWER THE QUESTIONS IN DETAIL:** Include determination that this family is best able to meet the child's needs, that the family cannot adopt without adoption subsidy and that a reasonable but unsuccessful attempt has been made to place this child without adoption subsidy. Documentation of the placement decision must include the following:
      - a. For DCS adoptions, documentation in the child's case must include why subsidy is needed and what efforts were made to place without subsidy including the reasons the family was selected.
      - b. For private agency adoptions, provide a copy of the Assessment Service Plan documentation required (*per AAC R21-5-413*) and the placement decision documentation required (*per AAC R21-5-414*), utilizing supplement form **Documentation of Placement Decision: Private Agency**.

**Note:** The appropriateness of the child/family match is more important than whether the family is willing and able to adopt without subsidy. However, if there are equally appropriate families and one family is willing to adopt without subsidy, that family should be chosen, and no application is made for subsidy.
    - **FOSTER CARE/RELATIVE ADOPTION:** If the child is being adopted by a foster parent(s) or relative(s), and placement is in the child's best interests due to significant emotional ties established while in their care as a foster child, efforts to place without subsidy are not required. This exception requires an assessment by the child's case manager of significant emotional ties between the child and family based on identification of the child as a member of the family and the likelihood that the child will not establish significant emotional ties to another family. The assessment should include the age of the child, length in this placement, number of previous placements, any history of bonding and attachment difficulties, and any regression in development or medical condition which would likely occur if the child were removed from this home. **The assessment by the case manager of an exception based on significant emotional ties must be in the adoption file.**
  8. **FOSTER CARE RATE:** Enter the amount of the Foster Care daily rate established at the last review and date. The rate is based on the special needs of the child and how those needs will impact the family in terms of care/supervision required, extra expenses and extra time. The family may request an amount less than the maximum the child would qualify for in family foster care, but the amount of maintenance cannot exceed the family foster care rate the child is eligible to receive.
- C. Routing.  
Pages 2 and 3 are completed by the applicant with the assistance of the adoption case manager. Applicants must sign pages 1 and 4. Page 6 and 7 are completed by the adoption case manager. The complete application with all pages and documentation is submitted to Adoption Subsidy by the adoption case manager.
- D. Retention.  
Kept in the case file until destroyed.

## ADOPTION SUBSIDY AND TITLE IV-E APPLICATION

**\*\*TO BE COMPLETED BY ADOPTION CASE MANAGER\*\***

**PLEASE READ THE FOLLOWING BEFORE SIGNING**

|  |   |   |  |
|--|---|---|--|
| PRIMARY PARENT'S NAME (First, M.I., Last)  |   | SECONDARY PARENT'S NAME (First, M.I., Last) |  |
| ARE ADOPTIVE PARENT(S) CERTIFIED TO ADOPT? | IF NO, ARE THE ADOPTIVE PARENT(S) RELATIVES WHO ARE NOT REQUIRED TO BE CERTIFIED? | IF NONE APPLY, PLEASE EXPLAIN.              |  |
| Yes    No    If Yes, Date:                 | Yes    No   |   |  |

### CHILD STATUS

|  |   |
|--|---|
| ADOPTIVE CHILD'S PROPOSED NAME (First, Middle, Last)   |   |
| CHILD'S BIRTH NAME (First, M.I., Last)   | CHILD'S PARTICIPANT ID NO. (If applicable)                |
| ORIGINAL DATE CHILD WAS PLACED IN HOME   | CHILD WAS PLACED IN HOME FOR<br>Foster Care      Adoption |
| CHILD IS IN THE CUSTODY OF<br>Department of Child Safety (DCS)<br>Other licensed child placement agency (Specify): | CHILD IS A U.S. CITIZEN<br>Yes    No                      |

| MOTHER   | DATE | FATHER   | DATE |
|--|------|--|------|
| Parental rights were terminated/<br>relinquished |      | Parental rights were terminated/<br>relinquished |      |
| Parent deceased                                  |      | Parent deceased                                  |      |
|  |      | Putative father registry checked<br>or published |      |
| REASON FOR TERMINATION                           |      | REASON FOR TERMINATION                           |      |

**THE CHILD CANNOT BE ADOPTED WITHOUT ADOPTION SUBSIDY DUE TO THE FOLLOWING FACTORS OR CONDITIONS** (Check all that apply and provide appropriate documentation)

- Physical, mental or developmental disability
- Emotional disturbance
- High risk of physical or mental disease
- High risk of developmental disability

(These conditions require documentation from a qualified professional with a diagnosis that meets the definitions in the instructions per ARS § 8-141.)

Racial or ethnic factors (Specify why the child's race or ethnicity is a barrier to adoptive placement.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Six (6) or more years old. Child's date of birth: \_\_\_\_\_

Sibling relationship. Name of siblings: \_\_\_\_\_

High risk of severe emotional disturbance if removed from the care of foster parents or relatives (**This condition must be diagnosed by a psychiatrist or psychologist, verified by a signature below or in an attached evaluation. It is not a special need unless the foster care relationship existed before the foster adoption placement was made.**)

**Psychiatrist/Psychologist Diagnosis:** The child is at high risk of severe emotional disturbance if he/she is removed from the care of his/her foster parents or relatives because of the development of significant emotional ties to the foster/relative family while in their care as a foster child or relative.

|   |      |  |
|---|------|--|
| SIGNATURE OF PSYCHIATRIST OR PSYCHOLOGIST | DATE | PRINT NAME OF PSYCHIATRIST OR PSYCHOLOGIST |
|---|------|--|

**EFFORTS TO PLACE WITHOUT SUBSIDY**

Where was the child placed prior to current family? *(Provide Details):*

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Why was the child placed with the current family?

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What is the relationship between the current placement and child?

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Describe efforts made to place without adoption subsidy:

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**Private agencies must attach the documentation required in the instructions on page 5.**

**FOSTER CARE RATE**

CURRENT DAILY FOSTER CARE RATE AS ESTABLISHED AT THE LAST REVIEW

Rate: \$ \_\_\_\_\_ perday Date established: \_\_\_\_\_

ADOPTION CASE MANAGER'S COMMENTS REGARDING NEED FOR MAINTENANCE AND RATE *(Explain the child's current needs, current behaviors, the services the child is receiving, extra travel or expenses incurred for the child, how the money will be used for the child and the family's financial circumstances for which maintenance payments are needed)*

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|------------------------------------|---|--------------------|----------------|
| PRINT ADOPTION CASE MANAGER'S NAME | SITE CODE                               | PHONE NO. AND EXT. | E-MAIL ADDRESS |
| ADOPTION CASE MANAGER'S SIGNATURE  |   |                    | DATE           |
| SUPERVISOR'S SIGNATURE             | SITE CODE                               | PHONE NO. AND EXT. | DATE           |
| NAME OF AGENCY                     | ADDRESS (No., Street, City, State, ZIP) |                    |                |

**TO COMPLETE THE ADOPTIVE FAMILY APPLICATION, ATTACH THE DOCUMENTS LISTED ON THE ATTACHED PAGE 8, ADOPTION SUBSIDY CHECKLIST**

**NOTE:** The Adoption Subsidy application process is not complete unless the Adoption Assistance Agreement has been signed by the adoptive parents and the Adoption Subsidy Supervisor **BEFORE THE ADOPTION IS FINAL.**

## ADOPTIVE SUBSIDY CHECKLIST

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Child's Name: \_\_\_\_\_

Participant ID No: \_\_\_\_\_

CHILDS Case No. \_\_\_\_\_

Petition Date: \_\_\_\_\_

Final Adoption Date: \_\_\_\_\_

Has the family adopted before      YES      NO

1.    **Adoptive Family Subsidy Application**, and required documentation.
2.    **Rate Evaluation.**
3.    Documentation of the special needs factors or conditions because of which the child cannot be adopted without Adoption Subsidy (see page 6).
  - Documentation of physical, mental and developmental disabilities and emotional disturbance and high risk conditions must include a diagnosis that meets the definition in ARS §8-141 and be from a qualified professional.
  - If applicable, the documentation of high risk of severe emotional disturbance if removed from foster parents or relatives per ARS § 8-141.10 must be provided from a psychiatrist or psychologist.
4.    Documentation by qualified professionals of the child's diagnosed pre-existing medical, dental and mental/behavioral health conditions.
5.    Non-recurring adoption expenses, bills/statements/receipts.
6.    Petition to Adopt (with final hearing date, if known).
7.    Proof of child's citizenship.

Additional documentation needed if the child is in the custody of a private agency:

8.    Documentation of the placement decision and the efforts to place without subsidy, including the **Documentation of Placement Decision: Private Agency** (see page 5).
9.    Documentation that child is free for adoption such as relinquishment(s), termination(s) of parental rights, or death certificate(s).
10.    First court ruling that documents that it would be contrary to the welfare of the child to return to the parents (e.g., minute entry from first court hearing).
11.    Documentation of benefits (e.g., Social Security benefits).
12.    Documentation that the child is in the care of the private agency.

**NOTE:** An incomplete packet could result in denial or delay in processing applications. If any of the above items are not included, please explain.

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**REMINDER: PLEASE FORWARD THE FINAL ORDER OF ADOPTION ASAP!**