

_____ COUNTY DEPARTMENT OF SOCIAL SERVICES

**ADOPTION ASSISTANCE
PAYMENT AUTHORIZATION NOTICE**

TO: Financial Officer of Other Designated Person

FROM: _____

SUBJECT: Approval for Payment of Expenses under
Adoption Assistance N.C.G.S. 108A-50

| |
|---------------------------|
| Child's Name |
| County Case Number |
| SIS Identification Number |
| Date |

ATTACHED PLEASE FIND:

- 1. A voucher for services for the above-named child who is covered by Adoption Assistance. We have reviewed the voucher and request that you authorize a check in full payment to the provider listed on the attached statement.

- 2. A voucher for services for the above-named child who is covered by Adoption Assistance. We have reviewed the voucher and find that only \$ _____ of the claim qualifies for coverage under Adoption Assistance. Please prepare a check in this amount to the provider listed on the attached statement.