

SPECIAL CHILDREN ADOPTION FUND REIMBURSEMENT FORM

| | | | |
|---------------|----------|---------------------------------------|---------------------------|
| COUNTY/AGENCY | PREPARER | PREPARER'S TELEPHONE NUMBER () | PREPARER'S E-MAIL ADDRESS |
|---------------|----------|---------------------------------------|---------------------------|

| Child's Information | | | DSS-5095 SIS Identification Number | If partnership, give name of Agency/ DSS | Was Child included in Statewide Contract? | | Date of Decree of Adoption | Amount of Payment Received from Other Source(s) | Payment Amount Requested | Child's Special Needs |
|---------------------|-----|------|---------------------------------------|--|--|----|-------------------------------|--|--------------------------------|-----------------------|
| Name | Age | Race | | | YES | NO | | | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| 9. | | | | | | | | | | |
| 10. | | | | | | | | | | |

CERTIFICATION: I certify that the above adoption services were provided in compliance with Special Children Adoption Fund guidelines and have been documented as required.

Signature of Authorized Official: _____ Print Name: _____

Title _____ Date: _____

INSTRUCTIONS FOR COMPLETING SPECIAL CHILDREN ADOPTION FUND REIMBURSEMENT FORM

| | |
|--|--|
| County/Agency | Enter the name of the county department of social services or private agency. |
| Preparer | Enter the name of the individual preparing the DSS-5320. |
| Preparer's Telephone Number | Enter the area code and telephone number of the individual preparing the DSS-5320. |
| Preparer's Email Address | Enter the email address of the individual preparing the DSS-5320. |
| Name | Enter the adoptive name of the child for whom you are requesting payment. |
| Age | Enter the age of the child for whom you are requesting payment. |
| Race | Enter one of following codes: AI – American Indian; AN – Alaskan Native; A – Asian; AA --- African American; NH – Native Hawaiian or Pacific Islander; W – White, U --- Unable to Determine |
| SIS Identification Number | Enter the child's SIS identification number from the DSS-5095. |
| Partnership | Enter the name the agency assisting in the adoption process for the child, if any. |
| State Contract | Enter “ YES ”, if you have received payment for this child under another State contract. Enter “ NO ”, if you have not received any payment under another State contract for this child. |
| Date of the Decree of Adoption | Enter the date the Decree of Adoption (DSS-1814) was filed. |
| Amount of Reimbursement Received from Other Sources | Enter the amount of payment received by agency for adoption services from any other sources (i.e., payment from family, DSS, State Contract, etc.) |
| Amount of Payment Requested | Enter the payment rate based on child's age, sibling status, or partnership with another agency. |
| Child's Special Needs | Enter the child's special needs. |