OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Adoption Assistance Application

Pre-finalization	☐
Finalization date, if set _____	☐
Post-finalization	☐

I. Identifying information.

Adoptive family

Father	Social Security number	Date of birth
Race or ethnic factor	Area code	Work phone

Mother	Social Security number	Date of birth
Race or ethnic factor	Area code	Work phone

Address	Area code	Home phone
E-mail address	Area code	Cell phone

Adoptive child 1

Birth name or other legal name		New name	
Date of birth	Gender	Race or ethnic factor	Tribe
Social Security number	Adoption authorization date	Adoptive placement date	

Case numbers:

Birth KK	Adoption KK	Medical identification	Other case

Adoptive child 2

Birth name or other legal name		New name	
Date of birth	Gender	Race or ethnic factor	Tribe

Social Security number	Adoption authorization date	Adoptive placement date

Case numbers:

Birth KK	Adoption KK	Medical identification	Other case

Adoptive child 3

Birth name or other legal name		New name	
Date of birth	Gender	Race or ethnic factor	Tribe
Social Security number	Adoption authorization date	Adoptive placement date	

Case numbers:

Birth KK	Adoption KK	Medical identification	Other case

Adoptive child 4

Birth name or other legal name		New name	
Date of birth	Gender	Race or ethnic factor	Tribe
Social Security number	Adoption authorization date	Adoptive placement date	

Case numbers:

Birth KK	Adoption KK	Medical identification	Other case

II. General information.

- Foster parent adoption? Yes ☐ No ☐
- Relative adoption/non-related kinship adoption? Yes ☐ No ☐
- Receiving foster care payments? Yes ☐ No ☐
- Adoptive family receiving Temporary Assistance for Needy Families (TANF)? Yes ☐ No ☐
  Amount: $_____

Adoption specialist	County
Tribal Child Welfare (CW) worker	Tribe

III. Determination of special needs.

A child is determined to have special needs by meeting all criteria in 1 through 3. Complete for one child only. Make a copy of this page for additional children.

Child's name: _____

Yes ☐ No ☐ 1. **Child cannot return home** [1]

If yes, attach:

- petition for termination of parental rights (TPR);
- TPR order;
- relinquishment of parental rights;
- verification of death of parents; or
- KIDS TPR screenprint.

Yes ☐ No ☐ 2. **Special factors or conditions** [1]

Child meets at least one of the factors or conditions listed. **Check each applicable condition and write a brief statement supporting assessment of need.**

Physical disability [2]	☐	Requires regular treatment with specific diagnosis.
Mental disability [2]	☐	Educable multi-handicapped (EMH), trainable multi-handicapped (TMH), or demonstrable need for intensive adult supervision beyond ordinary age needs.
Age	☐	There is no age requirement for a child placed with a relative/kinship who provides paid or non-paid kinship care. For non-related the child must be eight years of age or older.
Sibling relationship	☐	Part of a sibling group of any age placed together, per OAC 340:75-15-128.4.
Emotional disturbance [2]	☐	Must also be corroborated by a CW worker's and one or more caregiver's observations.
Racial or ethnic factor	☐	Indian, Hispanic, Asian, or African American child age **three or older**.
High risk of physical or mental disease	☐	Indicators of high risk physical or mental disease include social and medical history, such as mental illness of biological parent(s) or family members and events or life experiences, including severe sexual abuse and prenatal exposure to drugs or alcohol. **If no other special needs criteria are met, no monthly payment is made.**

[1] If state or tribal law allows a child to be adopted without a TPR or relinquishment, only a statement addressing why the child must not return home is required.

[2] Attach a current statement signed by a licensed physician, psychiatrist, or clinical psychologist describing the condition, including diagnosis, treatment, and prognosis.

Yes ☐
No ☐

3. **Unsuccessful efforts to place without assistance**

Foster and relative adoptions meet this criterion. For other adoptions, document efforts, such as:

- adoption party: _____
- statewide staffing: _____
- adoption exchange: _____
- Internet efforts: _____
- other: _____

IV. Post-finalization request.

Child (new name)	Date of adoptive finalization	Justification for post-finalization request[3]

V. Benefits requested.

Agreement only - no benefits now but in the future if needed. ☐

Is child receiving:

- Social Security Administration (SSA) benefits Yes ☐ No ☐ Amount $_____
- Supplemental Security Income (SSI) benefits Yes ☐ No ☐ Amount $_____

NOTE: Family must be informed of SSA and SSI benefits the child receives. These benefits must be considered when negotiating adoption assistance with the family. If needed, contact Children and Family Services Division (CFSD) Adoption Assistance programs staff for more information.

What future needs may child have?

Child (new name)	Benefits requested	Monthly amount requested	How did you and family agree upon amount requested?
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐ Employment related child care ☐ Other ☐		

[3] If request is due to a causative, pre-existing condition that was not identified or known prior to the legal adoption, attach current documentation of the treatment being provided. NOTE: Attach a copy of final decree of adoption.

[4] Not to exceed current amounts allowed per OKDHS rules.

(new name)	Benefits requested	Monthly amount requested	How did you and family agree upon amount requested?
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐ Employment related child care ☐ Other ☐		
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐ Employment related child care ☐ Other ☐		
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐ Employment related child care ☐ Other ☐		

I/we are unable to adopt the child(ren) without adoption assistance.

Adoptive parent	Signature	Date
Adoptive father		
Adoptive mother		

NOTE: **An agreement for adoption assistance must be signed prior to the final decree of adoption per federal and state law and OKDHS rules.** You have a right to an administrative fair hearing if your application is denied, not acted on with reasonable promptness, approved in an amount less than requested, modified without your concurrence, or terminated.

Attachments:

- original and copy of Form 08MA002E, SoonerCare Health Benefits Application; ☐
- when requesting difficulty of care (DOC), medical or therapist report with copy of DOC guidelines per OKDHS Appendix C-20, Children and Family Services Division Rates Schedule, with criteria highlighted that best describe the child's needs; ☐
- copy of adoptive parent(s)' Social Security card; ☐
- copy of petition for adoption, if filed; ☐
- criminal background check results; ☐
- documentation as required in III, Determination of Special Needs; and ☐
- Supplemental Security Income (SSI) award letter, if applicable. ☐

For tribes, include:

- cover letter requesting adoption assistance; ☐
- copy of court order showing tribal custody; ☐
- copy of TPR; ☐
- Adoption and Foster Care Analysis and Reporting System (AFCARS) form; and ☐
- Child Abuse and Neglect Reports. ☐

For Swift, include:

- copy of TPR or KIDS TPR screenprint; ☐
- copy of the court order removing the child(ren); and ☐
- copy of Form 04AN022E, Child Profile Assessment for Adoption; and ☐
- Form 04AF007E, Records Check. ☐

For private agencies, include:

- cover letter requesting adoption assistance; ☐
- copy of court order placing child with agency; ☐
- copy of TPR or relinquishment of parental rights; ☐
- AFCARS form; and ☐
- Child Abuse and Neglect Reports. ☐

VI. Committee recommendations. CFSD use only

Benefit	Yes	No	Comments	Verification
Title IV-E/foster care:				
SSI:				
Other benefits:				
Other:				

Agreement only - No benefits now, but in the future if needed. ☐

Child	Eligible/benefits recommended	Amount	Special services	Comments
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐			
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐			
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐			
	Medicaid ☐ Non-recurring adoption expenses [4] ☐ Monthly payment ☐ Special services ☐			

VII. Benefits approval.

Approved as recommended ☐
Approved as modified ☐
Disapproved ☐

_____ _____
CFSD representative Date

Approved as recommended ☐
Approved as modified ☐
Disapproved ☐

_____ _____
CFSD representative Date

Comments: