

## ANNUAL AFFIDAVIT FOR ADOPTION ASSISTANCE

Adoptive parents are required by Virginia law to submit an annual affidavit to the local department within 30 days of the anniversary date that the adoption assistance agreement was signed by all parties ([§ 63.2-1302.C](#)). This affidavit shall be signed by at least one parent.

**The adoption assistance agreement is on behalf of \_\_\_\_\_ (child) and was dated \_\_\_\_\_.**

**I/We certify that all items checked on this signed affidavit are true and accurate.**

**1) This child continues to be eligible for adoption assistance.** Please check all that apply.

- I/We are still legally responsible for the care of this child.
- I/We continue to provide financial support for this child.
- This child is not an emancipated minor, married, deceased, or in the military. Please list \_\_\_\_\_.

**If any of the above are not checked, please explain \_\_\_\_\_.**

**2) This child is/will be 18 years old within the next year and requires continuation of adoption assistance and:**

- Has a mental or physical condition diagnosed by a qualified professional that requires ongoing treatment.
- Has an educational delay resulting from such condition.

**3) This child is a full time student or has completed secondary school.** (Please check one.) This child:

- Is enrolled in elementary, middle, or high school. The State Testing Identification Number for child, if applicable (see child's Virginia SOL Student Report) is: \_\_\_\_\_.
- Is instructed at home in elementary or secondary education, in accordance with home schooling laws and requirements.
- Is instructed in an independent study program for elementary or secondary education that is administered by the local school division, in accordance with education laws.
- Is not capable of participating in school full-time due to a medical condition. Documentation by a qualified professional is attached. I/we will provide the department with regular updates.
- Has graduated from high school or earned an equivalent credential.
- Is enrolled in an Institute of Higher Education, Technical College, or Community College.

**4) Has there been any change in the child's private health insurance?**

- No     Does not apply     Yes, the insurance card and full explanation of benefits are attached.

**5) Are you requesting any change to the adoption assistance agreement?**

- No     Yes, I/we will submit a Request for an Addendum to the Adoption Assistance Agreement to the local department

I/We understand that I/we must notify the local department if there are changes in circumstances that would make this child no longer eligible for adoption assistance. I/We also understand I/we may request changes in payments and services provided under the adoption assistance agreement at any time based on changes in the child's needs or my/our family circumstances.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date