

APPLICATION FOR ASSISTANCE

Agency's Name:

Child's Name:

Child's Date of Birth:

Type of Assistance Requested: Adoption Kinship Guardianship

PURPOSE OF THE APPLICATION

This application is for adoptive parents or relatives to request assistance for a child. The local department of social services (LDSS) will use the screening tool as a guide to determine your child's eligibility for assistance. You have the option of declining adoption assistance. If you wish to decline adoption assistance, go directly to Section IV B and sign. You will complete this application with the worker from the child placing agency. For adoption cases only, the child shall have special needs to receive adoption assistance. Special needs may include physical, mental, or development needs.

SECTION I: CHILD'S SPECIAL NEEDS AND RESOURCES *(Section I completed by worker)*

Section A. is for adoption cases only. Kinship guardianship starts with Section B.

A. This child has the following special needs documented by a qualified professional. Attach supporting documentation. Check all that applies.

- Child has a physical, mental, or emotional condition existing prior to adoption. Describe:

 - Child has a hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. Describe:

 - Child is a member of a minority group based on racial, multi-racial, or ethnic heritage. Describe:
 - Child has a close relationship with one or more siblings and siblings are placed with same adoptive parents. Name of siblings:
 - Child meets all medical or disability requirements for Social Security Income (SSI). Describe:
 - Child is age six or older and has been in foster care for eighteen months or longer.
Date child entered foster care:
 - Child has developed significant emotional ties with his/her foster parent(s) while in their care for at least twelve months, the foster parent(s) are committed to adopting this child, and state adoption assistance maintenance payments are necessary to enable the adoption.
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- Child had the following special need at the time of the adoption, it was not diagnosed until **after the final order** of adoption, and no more than one year elapsed from the date of diagnosis. Child has one of the following:
 - A physical, mental, or emotional condition. Describe:

 - Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. Describe:

B. This child is currently receiving the services/supports listed. Attach supporting documentation.

Services/Supports	Provider	Frequency of Service	Cost (note daily, monthly, yearly)

C. This child currently receives the financial resources below to meet his/her needs.

Child's Financial Resources	Average Monthly Amount
Social Security Disability (SSD-disability of child's birth parent)	
Social Security (survivor's benefit-death of child's birth parent)	
Supplemental Security Income (SSI-child's disability)	
Other:	
Other:	
Total Amount	

Worker's
Signature:

Date
Completed:

SECTION II: FAMILY CIRCUMSTANCES (Section 2 – 3 are completed by the applicant)

The purpose of providing this information is to help you plan for integrating this child into your family. It also assists you to evaluate the financial resources you have available to support this child. This section will evaluate your expenses for this child as a member of your family based on the needs of the child and your current and future family circumstances. This information also helps you negotiate with the LDSS and Adoption Negotiator for the financial assistance needed to meet this child's special needs. The LDSS and Adoption Negotiator shall not use this information in determining the child's eligibility for assistance, nor as the sole factor in assessing your family circumstances or determining assistance payments (adoption or kinship guardianship).

A. How many people do you financially support on an ongoing basis? For example, children in foster care, adopted children, young adults in college, and an elderly person not living in the home. Do **not** count this child.

People you financially support	Number
Living in your home	
Children up to age 21 not living in your home	
Total	
Other people not living in your home	

B. What financial resources do you receive/earn on a regular basis? Include employment earning, child support, social security, foster care payment, and adoption assistance payments.

Complete for each parent in the home.

Name of Parent 1: _____

Financial Resources	Average Monthly Amount
Earned income (e.g. adjust gross income from federal tax return divided by 12)	
Other:	
Other:	
Other:	
Total Amount	

Name of Parent 2: _____

Financial Resources	Average Monthly Amount
Earned income (e.g. adjust gross income from federal tax return divided by 12)	
Other:	
Other:	
Other:	
Total Amount	

C. What additional financial resources will this child be eligible for when you adopt or obtain custody of this child? For example, a trust fund or social security benefits.

Additional Financial Resources/Benefits for Child	Average Monthly Amount
Total Amount	

D. What expenses do you pay on a regular basis? If amount is unknown, provide a reasonable estimate.

Type of Expenses	Average Monthly Amount
Mortgage/rent	
Utilities (e.g. electricity, water, sewer, gas)	
Telephone/cell phone	
Car expenses (e.g. loan payment, insurance, gas)	
Food (e.g. groceries)	
Homeowner/renter insurance	
Home maintenance expenses	
Real estate and personal property taxes, not included in mortgage	
Health insurance	
Health expenses not covered by insurance (e.g. medical, dental, behavioral health)	
Child care costs	
Child support payments	
Clothing	
College tuition	
Other loan payments (e.g. student loans, personal)	
Life/disability insurance	
Retirement/savings/investments	
Charities	
Extracurricular/vacation	
Recreation	
Other:	
Other:	
Other:	
Total Amount	

- E. What ongoing expenses for this child, not identified above, do you need to pay in order to meet this child's needs? You are not requesting adoption/kinship guardianship assistance for these expenses.

Other Expenses for this Child	Average Monthly Amount
Total Amount	

- F. What expenses are you paying on a regular basis for other people not living in the home? For example, include elderly parents).

Name of the Person/Expense	Average Monthly Amount
Total Amount	

- G. Calculations

Calculations on Family Circumstances	Amount
1. Financial resources the applicant has available to support this child (B + C)	
2. Expenses for child as a member of the applicants' family based on their current lifestyle and future plans and any other expenses to meet child's needs (D + E + F)	
3. Subtract expenses for child from financial resources available for this child (Calculation line 1 – Calculation line 2) = remaining funds available for this child	

SECTION III: ASSISTANCE REQUEST

- For adoption only: Reasonable efforts were made to place the child with appropriate adoptive parents without providing adoption assistance or Medicaid, but these efforts were unsuccessful.

A. Basic Maintenance

Are you requesting basic maintenance payments? Yes No

B. Additional Daily Supervision

Are you requesting an additional daily supervision payment due to the level of support and supervision required for this child? Yes No

Indicate monthly payment requested for additional daily supervision? _____ Date of VEMAT: _____

C. Child Care (adoption only)

Are you requesting child care for a child age 0 – 12? Yes No

Are the parents working or attending college courses when the child is not in school? Yes No

Will the child be enrolled in a licensed child care facility? Yes No

Amount requested: Full time child care (cannot exceed \$600 monthly): _____

OR

Part time child care (cannot exceed \$300 monthly): _____

D. Special Services (adoption only)

Are you requesting assistance with services/supports that are necessary to meet this child’s documented special needs on Section I? Yes No

Service Requested	Assistance Requested	Parent Contribution	Total Monthly Cost	Frequency (ie. hrs per wk, one-time)	How long (From date – To date)
<i>Ex. Psych eval</i>	<i>\$2000</i>	<i>\$500</i>	<i>\$2500</i>	<i>One time</i>	<i>1/1/17-3/1/17</i>
Additional Comments:					

E. Health Insurance

What type of health insurance coverage will you use for this child?

I plan to add this child to my health insurance policy.

Name of your health insurance policy:

I plan to add this child to my health insurance policy and use Medicaid or FAMIS as a secondary

Name of your health insurance policy:

I do not plan to add this child to my health insurance policy.

Explain why not:

I plan to use Medicaid or FAMIS if this child is eligible.

F. Non-recurring Expenses

Are you requesting non-recurring expenses up to \$2,000 that are reasonable and directly related to legal adoption or custody transfer of this child? Yes No

The assistance agreement must be executed prior to the final order of adoption or custody transfer for the child to be eligible for non-recurring expenses.

Requested Non-Recurring Expenses	Amount
Court costs related to filing an adoption or custody petition	
Attorney fees & other legal service fees directly related to finalizing the adoption or custody transfer to a relative	
Health and psychological evaluations	
Transportation, lodging, and food for child and applicant	
Home study fees completed by a licensed child placing agency	
Other cost necessary to complete the child placement/adoption/custody process	
Total Amount	

SECTION IV: SIGNATURES

A. Request Assistance

I/we are confirming that I/we understand and agree with the following statements:

- I/We received the Information Sheet on the Virginia Adoption Assistance Program. The program has been explained in my/our satisfaction (adoption only).
- I/We received a copy of the Screening Tool determining this child's eligibility for assistance. I/We understand the types of payments and services available for this child.
- I/We are officially applying for and requesting assistance (adoption or kinship guardianship).
- I/We understand the local department and I/we will use the information in this application to help assess all available family, community, and government resources to help me/us meet this child's special needs.
- I/We understand that the local department and the Adoption Negotiator will use this information to assess and negotiate with me/us: 1) the resources I/we will provide to care for this child; and 2) the assistance I/we need to adopt or obtain custody and meet this child's special needs.
- I/We understand that the terms for assistance that the local department and I/we agree upon will be written in an adoption or kinship guardianship assistance agreement that will be signed and binding by all parties.
- I/We understand that I/we have the right to appeal the assistance decisions made by the local department related to decisions made on this application. I/We received written information on the appeals process.

By signing this application, I/we certify that the information on this signed application is true, accurate, and complete to the best of my/our knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

B. Decline Assistance

I/We are confirming that I/we understand and agree with the following statements:

- I/We received the Information Sheet on the Virginia Adoption Assistance Program. The program has been explained to my/our satisfaction (adoption only).
- I/We received a copy of the Screening Tool determining this child's eligibility for assistance. I/We understand the types of payments and services available for this child.
- I/We do not want to apply for any assistance payments or services.

By signing this application, I/we understand that as a result of signing Section 4B of this application, I/we are declining assistance at this time. For adoption only, I/We understand that if I/we apply for assistance after the adoption is finalized, the eligibility criteria are different and this child may not be eligible for assistance.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____