

ADOPTION ASSISTANCE REFERRAL FOR NEGOTIATION

OASIS Case ID: _____

Client ID: _____

Date: _____

Has the Foster Care Placement Status been updated to Adopt: Pre-Adoption? ☐ YES ☐ NO

| | | | |
|--|---------------------------|--|-----------------------|
| Agency Information | | | |
| LDSS Name: _____ | | | |
| FSS Worker: _____ | | | |
| FSS Worker Email: _____ | | | |
| FSS Worker Contact Number: _____ | | | |
| <input type="checkbox"/> New Assistance Agreement | | <input type="checkbox"/> Addendum to an Existing Agreement | |
| Child and Family Information | | | |
| Child's Legal Name: _____ | | D.O.B. _____ | |
| For Pre-Adopt - Child's Adopted Name if Known: _____ | | | |
| Parent Name: _____ | | | |
| Email Address: _____ | | Phone: _____ | |
| Parent Name: _____ | | | |
| Email Address: _____ | | Phone: _____ | |
| Physical Address: _____ | | | |
| Type of Assistance Requested | | | |
| | | | Amount, if Applicable |
| Does the child receive a Basic Maintenance Payment? | Yes | No | \$ _____ |
| Does the child receive an Enhanced Maintenance Payment? | Yes | No | \$ _____ |
| Does the child have childcare expenses, covered the LDSS? | Yes | No | \$ _____ |
| Does the child receive any special services paid for through CSA? | Yes | No | \$ _____ |
| List Service: _____ | Date Service Began: _____ | Cost of Service: \$ _____ | |
| List Service: _____ | Date Service Began: _____ | Cost of Service: \$ _____ | |
| List Service: _____ | Date Service Began: _____ | Cost of Service: \$ _____ | |
| Check the type of service being requested: | | | |
| <input type="checkbox"/> Basic Main. <input type="checkbox"/> Enhanced Main. <input type="checkbox"/> Medicaid <input type="checkbox"/> Special Service <input type="checkbox"/> Child Care <input type="checkbox"/> Non-Recurring Expenses | | | |
| Required Documentation | | | |
| <p>FOR NEW ADOPTION ASSISTANCE AGREEMENTS: Submit the following documentation with this referral form. All documentation must be received by the Adoption Compliance Consultant <u>before</u> negotiations can begin. Check the box to indicate the documentation has been included in the referral.</p> <p> <input type="checkbox"/> Application for Assistance <input type="checkbox"/> Adoption Assistance Screening Tool <input type="checkbox"/> Certificate of Approval <input type="checkbox"/> Checklist for Approval/Reapproval (LDSS Homes) <input type="checkbox"/> Non-Conviction Letter (for TFC Homes) <input type="checkbox"/> Initial title IV-E Foster Care Determination <input type="checkbox"/> Verification of Child's School Enrollment <input type="checkbox"/> Verification of Parent School Enrollment / Employment <input type="checkbox"/> Verification of Child Care Attendance <input type="checkbox"/> Child Care Vendor's license, registration, or religious exemption <input type="checkbox"/> VEMAT Tool – attach all the documentation used to support the score, including the additional supervision and support needed from the adoptive parents <input type="checkbox"/> Documentation supporting the child's special need – from qualified licensed professionals. Supporting documentation includes assessments, IEP, 504, psychological evaluations, case management/FAPT notes, foster parent notes, service providers, recommendations from qualified professionals, etc. </p> | | | |

**ADOPTION ASSISTANCE
REFERRAL FOR NEGOTIATION**

Enter any notes or information here for the Adoption Compliance Consultant to consider.

For Existing Agreements – Note: Use the Child Care Maintenance Request and Negotiation Referral Form for child care addendums.

Check the reason for the addendum request:

- ☐ This addendum request is to modify the maintenance payment because the family accepted less than the maximum amount they could receive during previous negotiations.
- ☐ This addendum request is to update a VEMAT score and corresponding payment to the agreement. – Attach all the documentation used to support the score, including the additional supervision and support needed from the adoptive parents.
- ☐ This addendum request is to add a new special service. Service: _____
Has adoption assistance ever funded this service? ☐ Yes ☐ No
If yes, when did the service begin? _____ When did the service end? _____
- ☐ This addendum request is to extend a special service currently in place. Service: _____
Date current service began: _____ Date current service is scheduled to end: _____
- ☐ This addendum request is to extend adoption assistance beyond the youth's 18th birthday.
Date child turn(ed) 18? _____
This addendum request is to add a new special need to the agreement.

Document and attach supporting documentation:

Documentation supporting the child's special need – from qualified licensed professionals. Supporting documentation includes assessments, IEP, 504, psychological evaluations, recommendations from qualified professionals, etc.

For new VEMATs - attach all the documentation used to support the score, including the additional supervision and support needed from adoptive parents.

Send the completed form and supporting documentation to your assigned [Regional Adoption Compliance Consultant](#).