

# **CWS3015W Adoption Assistance**

## **Learner Handouts**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

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**LTD** Local Training  
and Development



FACTSHEETS FOR FAMILIES | JUNE 2020

# Adoption Assistance for Children Adopted From Foster Care

If you are considering adopting a child from foster care, there is a good chance the child may qualify for either Federal or State financial assistance. The child's specific circumstances will determine eligibility for adoption assistance and the type for which they may qualify. The goal of adoption assistance is to support adoptive families so they can adequately meet a child's needs.

Recent Federal data show an estimated 122,216 children were awaiting adoption in fiscal year 2019.<sup>1</sup> This factsheet will help you explore your eligibility for assistance.

<sup>1</sup> Children's Bureau. (2020). [The AFCARS report: Preliminary FY 2019 estimates as of June 23, 2020 \(27\)](#). U.S. Department of Health and Human Services, Administration for Children and Families.

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## ADOPTION ASSISTANCE AND ELIGIBILITY

The Federal Adoption Assistance and Child Welfare Act of 1980 established a program of financial and medical assistance to help promote adoptions from foster care, reduce financial barriers to adoption, and help adoptive families meet their adopted children's needs. This adoption assistance is also called a subsidy and is available for children who meet certain eligibility requirements, including that the child is deemed as having special needs due to their physical, mental, or developmental disabilities or because there are other factors that may make it harder to find an adoptive family. Some children in foster care may have conditions that are the result of their early infant or childhood experiences. This may include physical or mental health disorders, learning difficulties, or related developmental delays that require ongoing treatment or specialized medical, therapeutic, or educational attention. Special needs don't necessarily have to be medical or physical. Many States provide adoption assistance to children of color, children who are older, or those who are being adopted with brothers and sisters. Each State can determine what factors or conditions a child must have in order to be considered to have special needs for purposes of establishing eligibility for adoption assistance.<sup>2</sup>

A child who is eligible for Federal adoption assistance is entitled to receive both an adoption assistance subsidy and medical assistance (such as Medicaid) if the child is adopted by a family that the State deems appropriate for that child. If the child is eligible, you are entitled to receive ongoing monthly payments while the child is in your care and you are responsible for the child. The assistance may last until the child reaches the age of majority, which in most States is age 18—although some States provide Federal adoption assistance up to age 21. Adoption assistance may also include a one-time payment to help you cover at least a portion of your adoption expenses. Depending on the State and the child's circumstances, assistance may include other support services, such as child or respite care, or services that address the child's specific developmental needs. These services must be listed and included in the adoption assistance agreement to ensure that they are provided to the child.<sup>3</sup>

<sup>2</sup> Children's Bureau. (2019). [I want to adopt a child from foster care. Am I eligible for adoption assistance \(also called adoption subsidy\)?](#) U.S. Department of Health and Human Services, Administration for Children and Families.

<sup>3</sup> Children's Bureau. (2018). [Child Welfare Policy Manual, 8.2A, Title IV-E Adoption Assistance Program, Agreements.](#)

## Adoption Tax Credits

In addition to the Federal and State adoption assistance programs, families who adopt children from foster care are eligible for a tax credit. Tax benefits include a tax credit for qualified adoption expenses and an exclusion from income for employer-provided adoption assistance. The tax credit is based on a family's income and tax situation. While the tax credit is limited to the year in which the adoption is finalized, credit exceeding a family's tax liability can be carried forward for up to 5 years.

For more information, see the [IRS page on Adoption Credit and Adoption Assistance Programs](#).

## TYPES OF ADOPTION ASSISTANCE

Children may qualify for Federal or State adoption assistance. Some States provide adoption assistance for children who do not qualify for Federal assistance. In most cases, the benefits are the same whether the subsidy is Federal or State, but there are occasionally some differences related to receiving Medicaid. For example, some States do not provide Medicaid for children who are only eligible for State-funded adoption assistance unless there is a disability that warrants; however, all children who are eligible for Federal adoption assistance are categorically eligible for Title XIX Medicaid or an equivalent type of health coverage .

<sup>4</sup> [Title IV-E Adoption Assistance 'Applicable Child' Eligibility Criteria](#); section 473 of the Social Security Act; Child Welfare Policy Manual, §8.2B.

Among other critical eligibility criteria, in order to qualify for a Federal adoption subsidy, the child you are adopting must be eligible for adoption assistance under title IV-E of the Social Security Act by meeting the following criteria for having special needs:<sup>4</sup>

- The State has determined the child cannot or should not be returned to the parents' home.
- The State has identified a specific factor or condition, or a combination of factors, that make it reasonable to conclude that the child cannot be placed with the adoptive parents without adoption assistance and Medicaid; or the child meets the medical or disability eligibility criteria for Federal Supplemental Security Income (SSI).
- The State has made a reasonable but unsuccessful effort to place the child without Federal adoption assistance and Medicaid (unless this is against the child's best interests). If an adoptive parent informs the State that they are not able to adopt the child without assistance, this prong of the special needs test will be met as to the child's eligibility.

For more information on how you may qualify for Federal title IV-E assistance, see the Child Welfare Policy Manual's [Section 8.2B, Title IV-E, Adoption Assistance Program Eligibility](#) and the Children's Bureau [Information Memorandum on Title IV-E Adoption Assistance 'Applicable Child Eligibility Criteria](#). If your child does not qualify for Federal assistance, they might be eligible for State-funded adoption assistance. Child Welfare



Information Gateway maintains [a State-by-State adoption assistance database](#) that seeks to answer questions about State policies on adoption assistance and postadoption services, including the following:

- What is your State's definition of "special needs?"
- What are the eligibility criteria for your State-funded adoption assistance program?
- What is the maximum amount a family can receive in one-time, nonrecurring adoption expenses from your State?
- When can the adoption assistance payments and benefits begin in your State?
- Does your State enter into deferred adoption assistance agreements?
- What mental health services are provided by your State?
- Does your State provide additional finances for medical or therapeutic needs not covered under the State medical plan for children receiving adoption assistance?
- What is your State's process for applying for a fair hearing?

A **fair hearing** is a legal, administrative procedure that provides a forum for settling certain types of disputes between applicants for Federal adoption assistance or recipients and the public agency that administers the program. If you think a decision is unfair, you may be able to request a fair hearing to resolve the dispute. See [Information Gateway's database](#) for State-specific policies on fair hearings.

The Children's Bureau offers [a webpage on adoption assistance](#). Child Welfare Information Gateway also hosts [a webpage on adoption assistance](#) that may be helpful as you explore eligibility for assistance.

## SECURING ADOPTION ASSISTANCE

When a child is in the placement and care responsibility (custody) of a State foster care agency, that State is responsible for determining and entering into the adoption assistance agreement with prospective parents regardless of where they live. If the adoption is approved, the agency will draw up an adoption assistance agreement for the prospective adoptive parents to sign. As the prospective parent, you can negotiate the terms of the financial assistance, which must not exceed the amount that the child would have received while in foster care. You also should discuss and negotiate services that you believe the child needs or will need in the future. Each State has its own procedure for initiating and completing the adoption assistance agreement, including how the monthly payment amount is negotiated.

The adoption assistance agreement must be finalized, signed, and in effect at the time of, or prior to, finalizing an adoption. With rare exceptions, it is highly unusual to obtain an adoption subsidy after an adoption has been finalized if the adoption assistance agreement was not in effect at the time that the adoption was finalized. Federal law allows for the terms of the assistance agreement to be renegotiated if the circumstances of the adoptive family and needs of the

child change over time. In the event that a medical, developmental, or mental health need surfaces after an adoption is finalized, adoptive parents can seek to renegotiate the terms of the adoption assistance agreement with the State to address the child's needs. For the most part, once the agreement is finalized, the agency cannot change the agreement unless the parents concur with such a change. Consult Information Gateway's [adoption assistance database](#) for more information.

### **DEFERRED ASSISTANCE**

Depending on the State placing the child, the State may want to negotiate with the parents to defer adoption assistance/financial support until it is needed to meet a child's needs or until the child's disabilities are diagnosed. This is most often used when families are adopting a young child with potentially high risks for developing a medical or psychological condition. In these cases, the State may provide Medicaid and reimbursement of nonrecurring adoption expenses, without providing a monthly payment. Your adoption assistance agreement may specify the events or conditions that would initiate the need for services or activate the monthly payment option. An adoptive parent also may decline a financial subsidy that the State offers. Psychiatric reports and other documentation are often required to justify the need for a subsidy. In some States, parents can choose to defer financial assistance until needed for specific services.

For State-specific information, see [Does Your State Enter Into Deferred Adoption Assistance Agreements?](#) on Information Gateway's State-specific adoption assistance database.

### **When Adopting a Child From Out-of-State or Moving to Another State**

If you are adopting a child from another State, and the State agency has responsibility for placement and care (custody) of a child, that State is responsible for entering into the adoption assistance agreement and paying the title IV-E adoption subsidy. This applies even if the child is placed in an adoptive home in another State. If, however, the State agency does not have responsibility for the child's placement and care (custody), the adoptive parents' State of residence is responsible for determining whether the child is eligible for adoption assistance; entering into the adoption assistance agreement; and paying the subsidy, consistent with the way public benefits are paid in other programs. Children retain their eligibility for adoption assistance and Medicaid across State lines; however, the details of the child's Medicaid service are likely to change if your family relocates to another State after adopting. For more information, see Information Gateway's webpages on [Adopting Children From Other States or Jurisdictions](#) and [Interjurisdictional Placements](#).

## APPEALING AN ADOPTION ASSISTANCE DECISION

In general, you can use your State's fair hearing and appeals process if you do not agree with the decision on adoption assistance. The agency that enters into the adoption assistance agreement is required to inform you about the appeals process. Some families choose to work with an attorney or seek help from an advocacy organization representing children with special needs during this process. For more information on the fair hearings process, see [What Is Your State's Process for Applying for a Fair Hearing?](#) on Information Gateway's State-specific adoption assistance database.

## RESOURCES

Below are some additional resources for prospective adoptive parents:

- [Adoption-Friendly Workplace](#), a webpage of the Dave Thomas Foundation for Adoption, which lists the top 100 companies for employer-provided adoption benefits and compares financial reimbursement and paid leave policies
- [Benefits.gov](#), the official benefits website of the United States Government

- [Child Welfare Policy Manual: Title IV-E](#)
- [Adoption Assistance & Financial Support](#), a webpage on Raise the Future (formerly the Adoption Exchange), a nonprofit child welfare organization created to promote safety and permanence for children in foster care
- [National Foster Care and Adoption Assistance Directory](#), an Information Gateway database
- [State Adoption Assistance Specialists](#), an Information Gateway webpage
- [Title IV-E Adoption Assistance](#), a Children's Bureau webpage

## SUGGESTED CITATION:

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U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau



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## INFORMATION ON VIRGINIA'S ADOPTION ASSISTANCE PROGRAM

Thank you for your interest in providing a permanent home for a child in Virginia's foster care system through adoption. Adoption offers children the stability of lifelong family connections, cherished traditions, special celebrations, and support through every stage of life—from childhood to adulthood. This document provides an overview of Virginia's Adoption Assistance program, as it relates to adoption from both public and private foster care.

**PURPOSE:** The purpose of this information sheet is to provide prospective adoptive parents with important information about Virginia's Adoption Assistance Program and to serve as a reference tool for adoptive parents and other interested parties. It provides clear guidance and support to ensure that all eligible families and children being adopted in Virginia have equal opportunities to access Adoption Assistance benefits.

The purpose of providing adoption assistance is to:

- Encourage families of any economic status to adopt eligible children and to provide such families with benefits that will enable them to meet the needs of eligible children who meet the criteria for the benefits;
- Ensure that families, considering their individual circumstances, can maintain safe and stable homes for the eligible children they adopt through benefits tailored to accommodate and support the needs of the adopted eligible children.

The adoption assistance program is designed to support you as you raise your child, particularly if they have special needs. While you assume the primary financial responsibility for your adopted child, this assistance serves as a supplement to help address their unique needs—it is not intended to cover the full cost of raising a child. Unlike foster care payments, adoption assistance is assessed differently, based on the child's specific circumstances.

Before seeking adoption assistance, families are encouraged to utilize available public and private community resources. This support may help with a range of needs, including physical, mental, or developmental challenges.

**RESPONSIBILITY:** The local department of social services (LDSS) and an Assistance Compliance Consultant will work with the family to negotiate the Adoption Assistance Agreement.

**TYPES OF ADOPTION ASSISTANCE SERVICES AND SUBSIDIES:** The adoptive parent must enter into an Adoption Assistance Agreement with the LDSS prior to the finalization of their adoption in order to receive services and subsidies. The types of services and subsidies are as follows:

- a) Medicaid. Adopted children and youth who were formerly in foster care are eligible for health care coverage through Medicaid. Medicaid provides benefits for physical health, dental health, and mental health. There are no monthly premiums for Medicaid.
- b) Monthly Adoption Assistance Payments. A monthly cash assistance amount may be paid to the adoptive family. The amount of the assistance is subject to negotiation. The negotiation process is described in more detail later in this document.
- c) Non-Recurring Expenses. Reimbursement of expenses, up to \$2,000, incurred in the adoption of an eligible child, such as the legal fees, adoption fees and other expenses associated with finalizing an adoption. Families must request reimbursement no later than 12 months after finalization of the adoption.

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- d) **Special Service Reimbursement.** Reimbursement for special services includes direct payment or reimbursement for time-limited services that are not covered by adoption assistance subsidies, other public programs, or Medicaid. These payments must specifically address barriers identified in the initial adoption assistance agreement or be related to genetic conditions.

Eligible services must either be outlined in the original adoption assistance agreement or added through an amendment if they are genetic in nature or connected to the originally identified barriers.

Adoption Assistance payments may not include payments for services that are reasonably accessible and can be funded through other public or private sources, including but not limited to Social Security and Medicaid unless approved by the LDSS, through a negotiated Adoption Assistance Agreement.

**APPLYING FOR ADOPTION ASSISTANCE:** To begin the process of determining the child's eligibility, the parent must submit the Virginia Adoption Assistance Application to the LDSS responsible for assessing assistance for the child. The application also serves as a tool to help plan how to integrate the child into the family, evaluate financial resources, expenses, and health coverage available for the child, and identify services and supports to address the child's special needs. The application is completed with the LDSS or licensed child placing agency when the child is in the custody of an agency.

The LDSS will complete the Virginia Adoption Assistance Screening Tool to determine the child's eligibility for adoption assistance, and the Virginia Enhanced Maintenance Assessment Tool to determine if additional supports and supervision is required, when necessary.

**NEGOTIATING ADOPTION ASSISTANCE:** An Adoption Assistance Agreement is a formal agreement between the adoptive parents and the LDSS. The terms of this agreement are established through a collaborative discussion and good-faith negotiation involving the Assistance Compliance Consultant, LDSS, and the adoptive family. These discussions focus on addressing both the current and anticipated needs of the eligible child, as well as the family's circumstances. Once all parties reach an agreement, they must sign the Adoption Assistance Agreement before the adoption is finalized.

In negotiating the child's assistance benefits, the family's circumstances will be taken into account. Family circumstances refer to the family's ability to meet the anticipated needs of the eligible child or youth. Anticipated needs are those that are reasonably foreseeable and known at the time of adoption finalization.

The monthly adoption assistance payment subsidy cannot exceed the foster care maintenance payment that would have been provided if the child or youth had remained in foster care at the time of adoption.

The adoptive parents have the right to bring others to the negotiation meeting, including parties who possess relevant information about the child's history and needs, including the child's Guardian ad Litem or the family's advocate, legal representation for the child or the prospective adoptive family.

**ADOPTION ASSISTANCE AGREEMENT:** All parties will sign the Virginia Adoption Assistance Agreement documenting the agreed upon terms. The agreement is signed and executed within sixty days from the date the LDSS received the completed application with all required documentation. The signed agreement is legally binding on all parties beginning on the effective date stated on the agreement. Payments and services will only be provided once the agreement is executed. The LDSS is responsible for payments and services specified in the agreement, and the terms of the agreement can only be changed when new terms are assessed, negotiated, and agreed upon in an Amended Adoption

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**Assistance Agreement.** It is important that the family is aware and understands that an Adoption Assistance Agreement must be signed and effective prior to the finalization of the adoption.

The family also has the right to refuse any type of adoption assistance. If the family refuses to accept any type of adoption assistance including Medicaid, the LDSS will document the family's refusal and reasons for such refusal in the services record and both the family and the LDSS will sign a statement that the family is refusing adoption assistance. This statement will be kept in the sealed adoption file.

**AFTER THE ADOPTION:** The Adoption Assistance Agreement will be reviewed annually by the LDSS and the adoptive parents. The LDSS will send the annual certification to the adoptive family 60 days prior to the anniversary of the agreement. The necessary documentation must be returned to the LDSS no later than 30 days upon receipt.

**SCHOOL ATTENDANCE REQUIREMENT:** Annually, the adoptive family will provide the LDSS with documentation that each child who is eligible for adoption assistance and has attained the minimum age for compulsory school attendance is:

- Enrolled in an institution that provides elementary or secondary education, or
- Instructed in elementary or secondary education at home in accordance with the home school statute, and which is administered by the local school district, or
- Is incapable of attending school on a full-time basis due to the medical condition of the child. The reasons must be supported by regularly updated information in the educational plan maintained by the school district.

**CHANGING THE AGREEMENT:** If significant changes occur following the adoption and the need is directly related to the original barriers identified on the Adoption Assistance Agreement, the adoptive family may request a review of the terms in the agreement. Through negotiation with the adoptive family, the Assistance Compliance Consultant and the LDSS will review the request and make a recommendation to continue the current assistance amount, increase the long-term assistance amount, decrease the assistance amount, or approve time-limited services. An Addendum to the Adoption Assistance Agreement must be signed by all parties prior to making any changes.

**REGIONAL POST ADOPTION CONSORTIUM:** The Virginia Department of Social Services is committed to providing high quality, adoption competent services and supports to all post-adoptive families living in Virginia. These services are free of charge and include information and referral, case management, education and training, support and advocacy, peer support, planned respite activities, and crisis planning.

**ADOPTION TAX CREDIT:** Adoptive parents are encouraged to pursue eligibility for the federal Adoption Tax Credit available for parents who adopt a child with special needs from foster care. Parents should consult a tax professional to determine their eligibility for the tax credit and to address any questions they may have.

**TERMINATING ADOPTION ASSISTANCE:** The LDSS must terminate the agreement and payments based on the terms specified in the assistance agreement or the addendum in effect. The agreement can also be terminated when the LDSS determines that any one of the following circumstances has occurred:



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- The child reaches the age of 18 years, unless an addendum to extend the agreement has been negotiated, signed, and executed.
- The child reaches the age of 21 years.
- Parents request in writing that the agreement ends.
- Parents are no longer legally responsible for the child's care, are not providing any financial support for the child, or are deceased.

**APPEALS AND FAIR HEARINGS:** Once a final decision has been made—whether it is an offer or denial of adoption assistance, a reduction in the amount of assistance, or the termination of an adoption assistance agreement, adoptive parents have the right to request a fair hearing with the state. Adoptive parents may choose to be represented by legal counsel during the appeal process at their own expense.

Request for appeals are submitted in writing to:

Virginia Department of Social Services  
Appeals and Fair Hearings Unit  
5600 Cox Rd  
Glen Allen, Virginia 23060

If the parent does not agree with the decision of the hearing officer, they may seek further review of the decision by the appropriate circuit court. Parents have 30 days from the date of service (the date they received the hearing officers' decision or the date it was mailed to you, whichever occurred first) to provide notice of your intent to file an appeal with the circuit court. Parents must send written notice of intent to appeal the hearing officer's decision to:

Virginia Department of Social Services  
Commissioner  
5600 Cox Rd  
Glen Allen, Virginia 23060

In addition, parents must file a petition in circuit court in the locality where they live in order to perfect the appeal. Parents will not receive correspondence, nor will the assistance continue as a result of you sending written notices to VDSS of your intent to appeal, as the hearing officer's decision is the final administrative action.

**DISCRIMINATION COMPLAINT:** Parents who believe they have been discriminated against by VDSS or LDSS because of race, color, national origin, sex, age, or disability have the right to file a complaint of discrimination with the:

VDSS Civil Rights Program Administrator  
5600 Cox Rd  
Glen Allen, Virginia 23060

-Or-

U.S. Department of Health and Human Services  
Director, Office of Civil Rights  
Region III 150 S. Independence Mall West Suite 372  
Philadelphia, PA 19106-3499

Parent Signature:

Date:

Parent Signature:

Date:

Agency Representative:

Date:

## ADOPTION ASSISTANCE SCREENING TOOL

For LDSS Office use only LDSS will complete	
Case ID	Client ID

AGENCY NAME:

The Adoption Assistance Screening Tool is used to determine a child's eligibility for adoption assistance in Virginia. The LDSS completes this form in partnership with prospective adoptive parents, who must sign to confirm they have been informed of any assistance the child may receive once the adoption is finalized.

A separate form must be completed for each child in a sibling group.

Child's current legal name	Child's name after adoption (if known)	
Child's Date of Birth (month, day, year)	Age of Child	
Name of Adoptive Parent	Telephone Number	
Name of Adoptive Parent	Telephone Number	
Address of Adoptive Parent(s)		
<i>Note: The child must be under 18 when the adoption petition is filed to be eligible for adoption assistance.</i>		
<input type="checkbox"/> The Adoption Assistance Application was submitted before the final order of adoption was entered. <input type="checkbox"/> The Adoption Assistance Application was submitted after the final order of adoption was entered. <input type="checkbox"/> Yes <input type="checkbox"/> No The adoptive family was selected by the child's birth parent. If so, this child is not eligible for adoption assistance.		
<b>CITIZENSHIP CRITERIA – The child must meet one of the following criteria.</b> <input type="checkbox"/> The child is a United States Citizen <input type="checkbox"/> The child is a qualified alien whose adoptive parents are U.S. Citizens or qualified aliens <input type="checkbox"/> The child is a qualified alien, who has resided in the U.S. for a minimum of five years, and their adoptive parents are non-qualified aliens. Date child received a qualifying status: <input type="checkbox"/> The child is not a U.S. Citizen and has been determined to be a non-qualified alien. This child is not eligible for adoption assistance.		
<b>DEFINITION OF SPECIAL NEEDS – The child must meet Virginia's definition of special needs.</b> 1. The child can no longer return home based on one of the identified conditions. Answer for both the child's mother and father.		
	<b>MOTHER</b>	<b>FATHER</b>
Death of Birth Parent	<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
Termination of Parental Rights	<input type="checkbox"/> Date:	<input type="checkbox"/> Date:
	<b>Unknown Father:</b>	<input type="checkbox"/> Date:
Temporary Entrustment Agreement	<input type="checkbox"/> Evidence of a foster care payment received.	
Permanent Entrustment Agreement – a petition was filed and a subsequent court order was obtained within 180 days of the child's removal from the home stating it was contrary to child's welfare to remain in the home.	<input type="checkbox"/> Date of Removal: Date of Subsequent Order:	<input type="checkbox"/> Date of Removal: Date of Subsequent Order:
2. Adoptive Placement without financial assistance is unlikely due to one of the following factors or conditions being present prior to the adoption. Its presence makes placement without financial assistance unlikely. More than one can apply, but at least one must be checked. <input type="checkbox"/> Physical Disability:		



☐ Mental Disability:

☐ Behavioral/Emotional Condition:

☐ Age six or older and in foster care for 18+ months    Age:                      Date Entered Care:

☐ Member of a Sibling Group placed within the same federal fiscal year (10/1-9/30): Siblings:

☐ Member of a Minority Group:

☐ Child is SSI Eligible

☐ Child has a Hereditary Tendency, Congenital Problem, or Birth Injury Leading to a Future Disability:

\*If this is the only factor selected in this section, no payment will be included in the agreement. A monetary payment may be requested later if a qualifying condition becomes evident.

**3. Reasonable Efforts Criteria** – Reasonable efforts must be made to place the child without adoption assistance. At least one must be checked.

☐ The child was registered on AREVA within 60 days of terminating parental rights

                    Date of TPR:                      Date of Registration:

☐ Child was referred to and featured by other adoption exchanges, i.e. VKB, ATCP Recruitment

☐ Recruitment requirements were waived due to the existence of significant emotional ties with the foster family formed while in their care as a foster child for at least 18 months.

                    Date of Placement:

☐ The adoptive family has indicated they cannot adopt without adoption assistance.

**Summary:** The child must meet a condition in each of the above three sections to meet Virginia's definition of special needs. If the child meets the definition, screen the child for title IV-E adoption assistance.

**TITLE IV-E ELIGIBILITY CRITERIA** – The child must meet one of the eligibility criteria below to be eligible for title IV-E.

☐ Previous Adoption Eligibility

The child's previous adoption has been dissolved through a termination of parental rights or the adoptive parents are deceased. The child was eligible for title IV-E adoption assistance in the previous adoption.

☐ SSI Eligibility

The child meets all medical and disability requirements of the title XVI Supplemental Security Income (SSI) Program.

☐ Child of a Minor Parent in Foster Care

The child resides with their minor parent in a foster family home or childcare institution. The minor parent was removed involuntarily with a judicial determination made that remaining in the home was contrary to their welfare; or there's a temporary entrustment agreement, or a permanent entrustment.

☐ The child is in the care of a public or private child placing agency. At the time of their removal, there was a judicial determination made that remaining in their home is contrary to their welfare, there's a temporary entrustment agreement or a permanent entrustment agreement.



**STATE ADOPTION ASSISTANCE – Only screen the child for State adoption assistance when they do not meet the title IV-E eligibility criteria. To be eligible, they must meet each of the following conditions.**

- ☐ The child meets the age and citizenship requirements.
- ☐ The child meets Virginia's definition of special needs.
- ☐ The child is in the custody of a public or private child placing agency.
- ☐ The child has developed significant emotional ties with their foster parents while in their care for at least 12 months. The foster parents are committed to adopting the child, and State adoption assistance maintenance payments are necessary.

Applications Submitted After Final Order

For applications submitted after the final order of adoption, the child must meet each of the criteria below in addition to the above criteria.

- ☐ The child has a condition/disability that was present at the time of adoption.
- ☐ The child was first diagnosed with the condition/disability after the final order of adoption.
- ☐ The diagnosis was made within 12 months of the submission of the Adoption Assistance Application.

Date of the Adoption:

Date of the Diagnosis:

Diagnosis:

Verification used to corroborate presence at the time of the adoption:

**ADDITIONAL DAILY SUPERVISION – This child requires an additional daily support and supervision**

Payment based on the following:

- ☐ The child receives an enhanced maintenance payment in foster care based on the VEMAT.
- ☐ The child was not receiving enhanced maintenance payments in foster care, but there is sufficient reason to believe the child requires additional support and supervision consistent with VEMAT guidance. A VEMAT has been conducted.

Date of last VEMAT:

Child's VEMAT Score:

Amount: \$

**SPECIAL SERVICE PAYMENT – Every child who receives adoption assistance should be screened for special service payment eligibility. The child must meet each of the criteria below to be eligible.**

- ☐ The child is in custody of a child placing agency at the time of application  
Name of child placing agency:
- ☐ Child is eligible to receive title IV-E or State adoption assistance.
- ☐ The adoptive parents are capable of providing the permanent family relationship needed in all respects except financial.

**NON-RECURRING EXPENSES – Children who meet the citizenship and age criteria, in addition to meeting Virginia's definition of special needs, are eligible for reimbursement of non-recurring expenses.**

The child has met these criteria. ☐ Yes ☐ No

**MEDICAID ELIGIBILITY**

- ☐ The Adoption Assistance Agreement will include Medicaid for the child because the child is eligible for title IV-E adoption assistance.
- ☐ The Adoption Assistance Agreement will include Medicaid because the child is eligible for State adoption assistance and has a special medical or rehabilitative need.
- ☐ The Adoption Assistance Agreement will not include Medicaid for the child because the child is not title IV-E or state eligible; or is state eligible but does not have a special medical or rehabilitative need.

Family Services Specialist:

Date:

Email Address:

Telephone:

Adoptive Parent:

Date:

Adoptive Parent:

Date:

Family Services Supervisor:

Date:

The Adoption Assistance Screening Tool is designed to determine whether a child is eligible for adoption assistance in Virginia. It must be completed by the LOSS in partnership with the prospective adoptive parents, and a separate form must be filled out for each child, even when they are part of a sibling group.

### **Step 1 - Case Information**

Begin by entering the Case ID, Client ID, and agency name. This ensures the form can be tied directly to the child's case record.

**Note: Do not leave these fields blank, even if you think they are captured elsewhere in OASIS. This tool becomes part of the permanent adoption assistance record.**

### **Step 2 - Child & Adoptive Parent Details**

Record the child's current legal name, name after adoption (if known), date of birth, and age. Include the adoptive parents' names, addresses, and phone numbers. Indicate whether the application is being submitted before or after the final order of adoption.

**Remember:** The adoption petition must be filed before the child turns 18 for adoption assistance to be approved.

**Note: Indicate whether the adoptive family was chosen by the child's birth parent, if so, this is considered a parental placement, and the child is ineligible for adoption assistance.**

**Example:** If a birth mother selects her cousin to adopt the child, the case is a parental placement and ineligible for subsidy, even if the child otherwise meets special needs criteria.

### **Step 3 - Citizenship**

The child must be either a U.S. citizen, or a qualified alien (such as a lawful permanent resident, refugee, or asylee). If not, they may be a non-qualified alien, which makes them ineligible. Undocumented immigrants (those without any lawful or protected status) are also not eligible for adoption assistance.

**Examples of non-qualified alien statuses include:**

- Deferred Action for Childhood Arrivals (DACA)
- Special Immigrant Juvenile Status (SIJS)
- Temporary Protected Status (TPS),
- Temporary visa holders (e.g., student or work visas), and
- Qualified parolees in the U.S. for less than one year.

**Note:** A *non-qualified alien* has some type of legal status in the U.S. but does not meet the federal definition of a qualified alien. An *undocumented immigrant* has no lawful immigration status at all. Both categories are ineligible but distinguishing them helps explain why.

**Example:** A child classified as a SIJS is legally in the U.S. but because this is a non-qualified alien status, they are not eligible for adoption assistance. A child who entered without inspection and has no lawful status is undocumented and ineligible.

#### **Step 4 - Special Needs**

Document whether the child meets Virginia's definition of special needs. This requires showing that the child cannot return home and has one or more factors that make adoption unlikely without assistance.

Legal status of the parents must be recorded- for example, termination of parental rights, death, or entrustment agreements. Then, identify at least one qualifying factor: physical or mental disability, behavioral or emotional condition, age six or older and in foster care for at least 18 months, part of a sibling or minority group, SSI eligible, or hereditary/medical condition.

**Note:** Only current diagnoses should be included. Do not list every condition ever documented.

**Zero Dollar Agreements:** If the child's only special factor is hereditary tendencies, congenital problems, or stems from a birth injury leading to a substantial risk of future disability - this means the child may develop something in the future but as of today there are no signs - an AAA must still be executed but no payment will be included in the agreement. A monetary payment may be requested later time if a qualifying condition related to the special factor identified on the agreement becomes evident.

**Example:** If the child once had a speech delay but no longer receives services, it does not belong here. If the child currently has ADHD or asthma that affects daily living, it should be included.

**Example:** The child is diagnosed at birth with a congenital heart defect that does not currently require surgery or ongoing medical treatment. Because there are no present needs associated with the condition, no payment is included in the initial agreement. However, if the condition later requires surgical intervention or ongoing specialized care, the adoptive parent may request a monetary payment to address the new need.



### **Step 5 - Reasonable Efforts**

You must show that reasonable efforts were made to place the child without adoption assistance. At least one option must be checked: AREVA registration, adoption exchange referral, waiver due to emotional ties, or adoptive family's statement that they cannot adopt without assistance.

**Note: Workers often forget to attach documentation of AREVA registration or adoption exchange referrals.**

### **Step 6 - Eligibility Determination**

If all three areas (citizenship, special needs, and reasonable efforts) are met, the child can be screened for Title IV-E adoption assistance. If not IV-E eligible, proceed to State adoption assistance with required conditions.

**Note: Emotional ties must be clearly documented in the case history narrative.**

**Example:** The foster family cared for the child from infancy to age three, and the child calls them "Mom" and "Dad." This supports the need for permanency through adoption assistance.

### **Step 7 - Applications After Final Order**

If the application is submitted after the final order of adoption, the child must meet all the standard eligibility requirements plus additional criteria:

- The condition or disability was present at the time of adoption, even if it was not yet diagnosed.
- The condition or disability must have been first diagnosed after the final order of adoption.
- The adoptive parent(s) have 12 months from the date of diagnosis to submit the Adoption Assistance Application.

This provision exists to protect adoptive families who later discover a significant pre-existing condition that could not reasonably have been known or confirmed before the adoption was finalized.

**Note: These cases are rare and require careful determination. In addition, such cases are not title IV-E eligible.**

**⚠ Practice Tip:** Always confirm the diagnosis date and the application submission date.

Parents have exactly 12 months from the diagnosis date to apply. If the application is filed after that window, the child is not eligible under this provision, even if the condition existed at adoption.

**Example:** A child is adopted in January 2024. At adoption, the child showed developmental delays, but no diagnosis was made. In August 2024, the child is diagnosed with Autism Spectrum Disorder (ASD). The parents submit the application in February 2025 - within 12 months of the diagnosis. Because the condition existed at adoption, was first diagnosed after finalization, and the application was submitted within 12 months of diagnosis, the case qualifies.

**Counter-example:** A child is adopted in January 2022. In March 2023, the child is diagnosed with ADHD. The family waits until May 2024 to submit the application. This case does not qualify because the application was submitted more than 12 months after the diagnosis.

## Step 8 - Additional Supports

**Additional Daily Supervision:** Use the VEMAT to confirm need for additional support. Record the score, date, and payment amount.

Note: A VEMAT must have been administered within ~~six~~ six months of signing the Adoption Assistance Agreement to be valid for determining the level of daily supervision payment. If the VEMAT is older than ~~six~~ six months, a new assessment must be conducted before finalizing the agreement.

**⚠ Practice Tip:** Always check the date of the most recent VEMAT against the anticipated agreement signing date. If the assessment will fall outside the six-month window, schedule a new VEMAT in advance so the agreement can be signed on time without delaying payments to the family.

**Example:** If the agreement is scheduled to be signed in July, the VEMAT must have been completed on or after January of the previous year. A VEMAT completed the previous December would be considered outdated and would need to be redone.

**Special Service Payments:** These are available if the child is in custody of a child-placing agency, is otherwise eligible for adoption assistance, and the adoptive parents are able to provide permanency in all respects except financially. Special service payments may be used to cover costs that are beyond what the maintenance payment supports.

**Note:** The child should be screened for special service payments at the time of application, regardless of whether a payment is being requested. If the child is not eligible at application, this determination must be documented. A child found ineligible at application will remain ineligible later, even if services are requested in the future.

**Example:** A child's adoptive parent passes away, and the child is readopted by an aunt. The child does not reenter foster care and is not in custody of an LOSS or LCPA. Because the child was not in agency custody at the time of the new application, they are not eligible for special service payments.

**Example:** The child was in custody of an LOSS or LCPA at the time of application and the adoptive family can meet the child's daily needs but cannot afford the ongoing cost of weekly occupational therapy. A special service payment may be authorized to cover therapy expenses so the family can proceed with adoption.

**⚠ Practice Tip:** Special service payments do take into consideration the income of the adoptive parents. Approval requires clear documentation of financial need and agency custody at the time of application. When a special service is being requested, workers should include copies of invoices, treatment recommendations, or cost estimates in the case record. Without this documentation, approval may be delayed or denied.

**Non-Recurring Expenses:** Children who meet the citizenship and age criteria and meet Virginia's definition of special needs are eligible for reimbursement of non-recurring adoption-related expenses. Non-recurring means one-time costs directly tied to finalizing the adoption (not ongoing or day-to-day care).

**What typically counts:**

- Attorney fees and court filing costs for the adoption.
- Costs of required home studies, pre-placement/adoption health or psychological evaluations, or fingerprint/background checks when these are required for the adoption.
- Travel that is necessary to complete the adoption (e.g., mileage, lodging, and meals limited to per-diem rules when travel is required by the court/agency).
- Fees for amended birth certificates, certified copies of court orders, and required translations/notarizations.

**What typically does not count:**

- Ongoing costs like daycare, routine medical care, therapy or services after finalization, home modifications, or general child-rearing expenses.
- Costs that were already paid by another source (insurance, grants, agency/vendor payment, or pro bono services).
- Travel or purchases not required to complete the adoption (e.g., discretionary trips, gifts, furnishings).

**Example:** An adoptive family submits receipts totaling \$1,585: \$1,350 attorney fee, \$100 court filing, \$65 certified copies, \$30 amended birth certificate, and \$40 fingerprinting. All are directly tied to finalization and are reimbursable within the program cap.

**Example:** A family submits \$1,950 for attorney/court costs (allowable) plus \$300 for post-finalization therapy (not allowable). The agency may reimburse \$1,950 (within cap) but must deny the \$300 therapy request as it is an ongoing service, not a one-time adoption finalization cost.

Note: Non-recurring expenses are always funded with title IV-E dollars, even when the child's adoption assistance agreement is a State-only agreement. In addition, a family may be approved for reimbursement of one-time, adoption-related expenses while still being found ineligible for regular monthly subsidy payments.

## Step 9 - Signatures

The form must be signed by the Family Services Specialist (include email and phone number) and by each of the adoptive parents. All fields must be completed; missing information may delay approval.

Note: The form is both an eligibility tool and a compliance record. Accuracy and thoroughness are essential.



### Documenting Adoption Assistance Eligibility

FOR AGENCY USE ONLY: DOCUMENTATION OF ELIGIBILITY		
ITEM	DOCUMENTATION PERMITTED	DOCUMENTATION USED
<b>SPECIAL NEEDS DETERMINATION</b>		
<i>Cannot or should not return home</i>	Termination of Parental Rights Temporary Entrustment Agreement & IV-E Foster Care Payment Permanent Entrustment Agreement: petition filed within 6months and a subsequent order containing contrary to child's welfare language	
<i>Physical, mental, or emotional condition, hereditary tendency, congenital problem, birth injury, race, age, sibling relationship</i>	Medical documentation indicating physical, mental, emotional disability or condition, Birth Records Parents' medical records or diagnosis	
<i>Reasonable Efforts</i>	Documentation of agency asking and family stating they cannot adopt without assistance AREVA Registration within 60days of TPR Referral to a Specialized Adoption Agency Placement with adoptive family as a foster child for 12months minimal Foster Care Placement Agreement	
<b>Citizenship</b>	U.S. Birth Certificate U.S. Passport Naturalization Certificate United States Citizen and Immigration Services Document	
<b>Age</b>	Birth Certificate Baptismal Certificate Hospital Records U.S. Passport Naturalization Certificate	
<b>AFDC Eligibility</b>	Title IV-E Foster Care Notice of Action For Voluntarily Placed Children – financial printout showing IV-E payment made	

Judicial or Voluntary Removal		
<i>Permanent Entrustment Agreement</i>	Petition filed within 180 days of placement and a subsequent order containing judicial determination that remaining in the home is contrary to the child's welfare	
<i>Temporary Entrustment Agreement</i>	Verification of title IV-E payment made on child's behalf	
<i>Involuntary Removal Order</i>	First court order received after child's court ordered removal containing contrary to the child's welfare language	
<b>Sibling of an eligible child</b>	Siblings Birth Certificate Adoptive Parent's Notarized Intent to Adopt Adoptive Placement Agreement	
<b>Child of a minor parent</b>	Child's minor parent's first removal order or voluntary placement agreement or voluntary relinquishment and subsequent order	
<b>Prior adopted dissolved</b>	Adoptive parents TPR Adoptive Parents Death Certificate Copy of previous AAA, ICAMA report, Statement from prior title IV-E agency	
<b>SSI Recipient</b>	SSI Award Letter SSI Screening	
FOSTER / ADOPTIVE HOME APPROVAL		
<b>Home Study Received</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Date Received:</b> _____ <b>Date Approved:</b> _____ <b>Date Expires:</b> _____
<b>Background Checks Current</b>	Sworn Statements National Criminal Records Check Central Registry Checks	<b>Date Received:</b> _____ <b>Date Received:</b> _____ <b>Date Received:</b> _____
	Sworn Statements National Criminal Records Check Central Registry Checks	<b>Date Received:</b> _____ <b>Date Received:</b> _____ <b>Date Received:</b> _____
	Sworn Statements National Criminal Records Check Central Registry Checks	<b>Date Received:</b> _____ <b>Date Received:</b> _____ <b>Date Received:</b> _____

FAMILY SERVICES SPECIALIST: \_\_\_\_\_ DATE: \_\_\_\_\_

FAMILY SERVICES SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_





### **Job Aid: Applying for Adoption Assistance**

The following information should be shared before the adoptive parent formally applies for adoption assistance:

- ☐ Unlike foster care payments, there is not a standard amount the family will receive for the adoption assistance agreement. Do not make promises to the family regarding what their agreement will be.
- ☐ The adoption assistance agreement is meant to combine with the family's income and resources to help subsidize expenses associated with meeting the child's needs. It is not intended to cover all the costs of raising a child.
- ☐ The adoption assistance agreement must be negotiated based on the family's out-of-pocket expenses incurred to meet the child's basic and special needs.
- ☐ The average monthly agreement is less than the foster care payment.
- ☐ The agreement cannot exceed the Virginia foster care basic maintenance payment as determined by the child's age combined with the level of care payment as determined by the VEMAT assessment. The VEMAT payment is not automatically added to the assistance payment. The base rate and the VEMAT payment only set the maximum assistance amount allowed. The negotiated assistance amount is based on the family's actual out-of-pocket expenses for the child.
- ☐ Adoption assistance ends when the child turns 18, unless an extension is granted, and then it must end by 21.
- ☐ Using the [Full Disclosure Checklist for Adoptive Families](#), the LDSS will:
  - Meet with the prospective adoptive parent to indicate that each has been completed:
    - ☐ Ensure the adoptive parents have received information on the lifelong process of adoption and its meaning, have been educated on the benefits and responsibilities of adoption, and provided information regarding adoption assistance and post-adoption services.
    - ☐ The adoptive parents have received and signed the [Information Sheet on Virginia Assistance Programs](#), a copy must be placed in the adoption assistance case file and one provided to the adoptive parent;



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

- ☐ Reviewed, explained, and obtained the adoptive parent signature on the [Full Disclosure of Child Information](#) form and [Background Check Requirements](#) forms;
- ☐ Review and explain the completed [Adoption Assistance Screening Tool](#); obtain the adoptive parents' signatures on the form;
- ☐ Provide the prospective adoptive parents with the [Application for Assistance](#). Section one of the application should be completed prior to giving it to the adoptive parents.
- ☐ Adoptive parents must sign a copy of the [Full Disclosure Checklist](#) indicating they have completed the full disclosure process, and a copy of the form must be maintained in their Adoption Assistance Case file.

Copies of all forms signed by the adoptive parents must be placed in the child's Adoption Assistance Case file, and the adoptive parents must also be provided copies of signed forms.



## FULL DISCLOSURE CHECKLIST FOR ADOPTIVE FAMILIES

Child's First Name:		Child's DOB:	
Adoptive Parent Name:		Adoptive Parent Name:	

The following items must be reviewed with all prospective adoptive parents prior to adoption finalization. This can be done through counseling, training or a one-on-one interview.

Indicate that each has been completed below:

The adoptive parents have received information on the [\*lifelong adoption process\*](#) and its meaning.

The adoptive parents have received information on the process for completing adoption including the criteria used to select the adoptive parent and the [\*availability of adoption assistance\*](#) and [\*post-adoption services\*](#).

The adoptive parents have received education on the benefits and responsibilities of [\*openness in adoption\*](#).

The adoptive parents have received education and training on attachment and bonding; *child development* and *parenting techniques* including caring for a *child with special needs*.

The adoptive parents have received education and training on *parenting and supporting children who identify as LGBTQ*.

The adoptive parents have received education and training that addresses raising a child of a *different race, ethnicity, culture or religion*.

The adoptive parents have received education on the *changing roles and relationships* following finalization.

The adoptive parents received information on *helping a child cope with separation and loss, history of maltreatment and identity development*.

The adoptive parents have received the following redacted information during the full disclosure:

### Historical Information:

Presentation Summary

Birth Family History

### Psychological Records:

Psychological/Psychiatric Evaluation

Counseling Notes

### Verifications:

Adoption Placement Agreement

Adoption Assistance Agreement

VEMAT

SSI Award Letter

### Educational Records:

Psycho-education Evaluation

Individual Education Plan (IEP)

### Medical Documents:

Birth Records

Physical Exams and Treatment Plan

Dental Exams

Medication Documents

Immunization Record

### Resource Information:

Adoption Materials

Developmental Materials

Scholarship Information

Federal Tax Credits

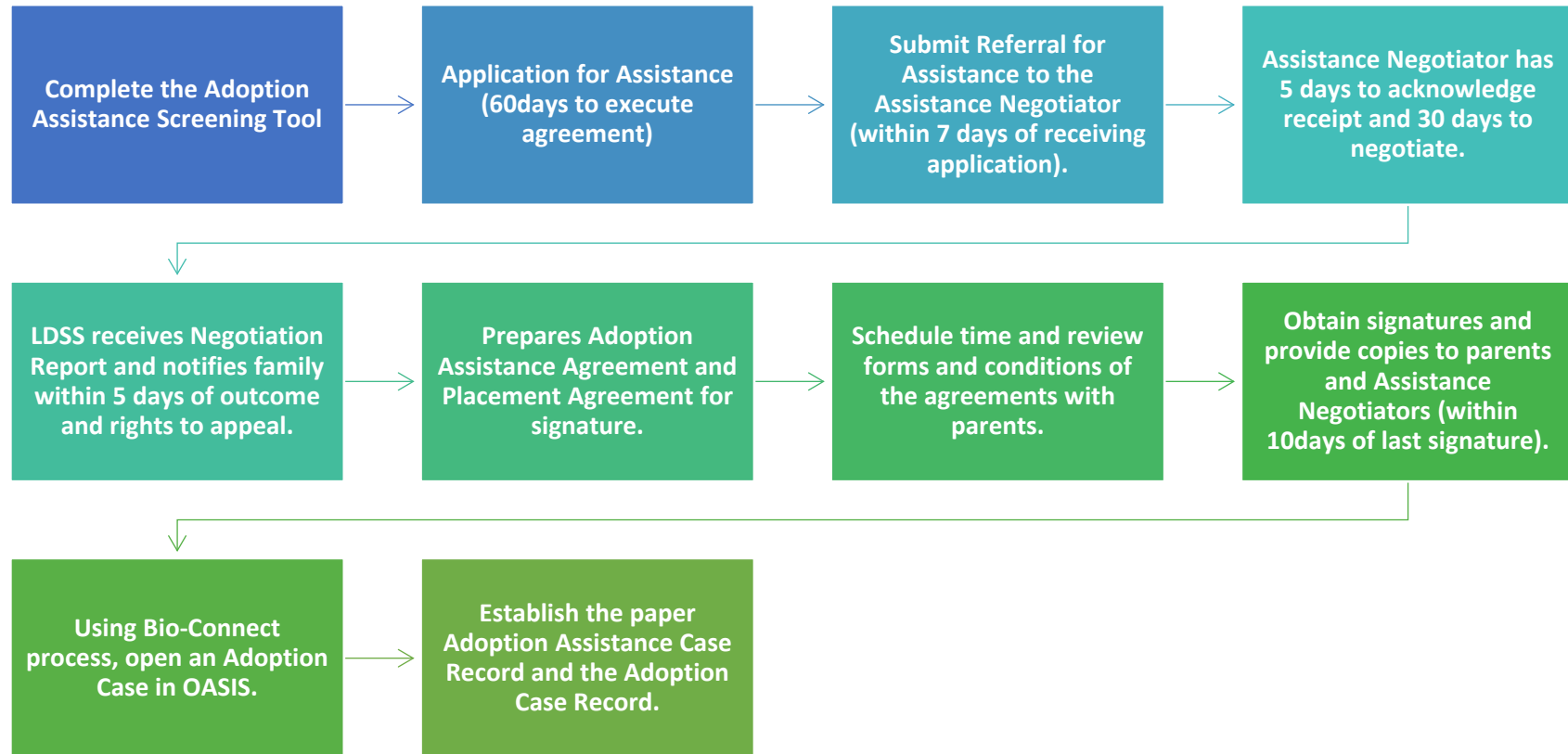
The \_\_\_\_\_ has provided me with the most complete information in its possession that is legal to provide from medical and family service providers and/or the birth family. All information contained in documents presented to me is believed by the department to be accurate according to information gathered from other sources. I acknowledge that it is possible the child could have physical, mental, developmental, emotional, and/or behavioral problems that were unreported and unknown to the department. I further understand that, as with any child, problems with physical, mental, developmental, emotional, or behavioral issues may arise in the future that do not currently exist or that are unknown to the department and that no child welfare agency can guarantee the future health and happiness of a child. Medical, Psychological, and educational advice should be sought to clarify questions pertaining to existing diagnosis and treatment plans as needed.

\_\_\_\_\_  
Adoptive Parent Signature (Date)

\_\_\_\_\_  
Adoptive Parent Signature (Date)

\_\_\_\_\_  
Family Services Specialist (Date)

\_\_\_\_\_  
Family Services Supervisor (Date)



*\*This timeline provides a basic outline of the adoption assistance and negotiation process. It must be used in conjunction with Adoption Guidance Section 2: Adoption Assistance for specifics related to requirements for each individual part.*

**ADOPTION ASSISTANCE APPLICATION**

For LDSS Office use only LDSS will complete	
Case ID	Client ID

AGENCY NAME:

Instructions: Adoptive parents must be informed of the Adoption Assistance Program and give the opportunity to apply for or decline assistance. This application is used to request or decline adoption assistance, reimbursement of nonrecurring expenses, and Medicaid coverage. Once completed, please return the form to your child's Family Services Specialist, who will use it – along with the required supporting documentation – to help determine your child's eligibility.

Child's current legal name		Child's name after adoption (if known)	
Child's Date of Birth (month, day, year)		Age of Child	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident
Name of Adoptive Parent		Telephone Number	Email Address
Name of Adoptive Parent		Telephone Number	Email Address
Address of Adoptive Parent			
I/We request the following types of adoption assistance    Are you adding your child to your private health insurance?    Yes    No <input type="checkbox"/> Monthly Maintenance Payment <input type="checkbox"/> Nonrecurring Expenses (attorney fees, court fees, home study fees, etc.) <input type="checkbox"/> Medicaid <input type="checkbox"/> Special Service    Type of Service: <input type="checkbox"/> Child Care    Name of Provider:			
<b>Other siblings who are being adopted at the same time (add additional page if necessary)</b>			
<b>Name</b>	<b>D.O.B.</b>	<b>Name</b>	<b>D.O.B.</b>
<b>List all adoptive family household members (excluding children and parents listed above)</b>			
<b>Name</b>	<b>Relationship</b>	<b>D.O.B.</b>	
<b>CHILD FINANCIAL RESOURCES</b>			<b>Amount</b>
Social Security Disability (from child's birth or adoptive parent)			
Social Security Survivor's Benefit (from child's birth or adoptive parent)			
Supplemental Security Income (SSI – child's disability)			
Other:			
<b>Total:</b>			
<b>ADOPTIVE FAMILY FINANCIAL CIRCUMSTANCES</b>			
Name of Parent 1:			<b>Amount Received</b>
Earned Income Source:			
Other Source of Income:			
Other Source of Income:			
Other income sources include employment, SSI payments, foster care payments, adoption assistance payments, etc.			<b>Total:</b>





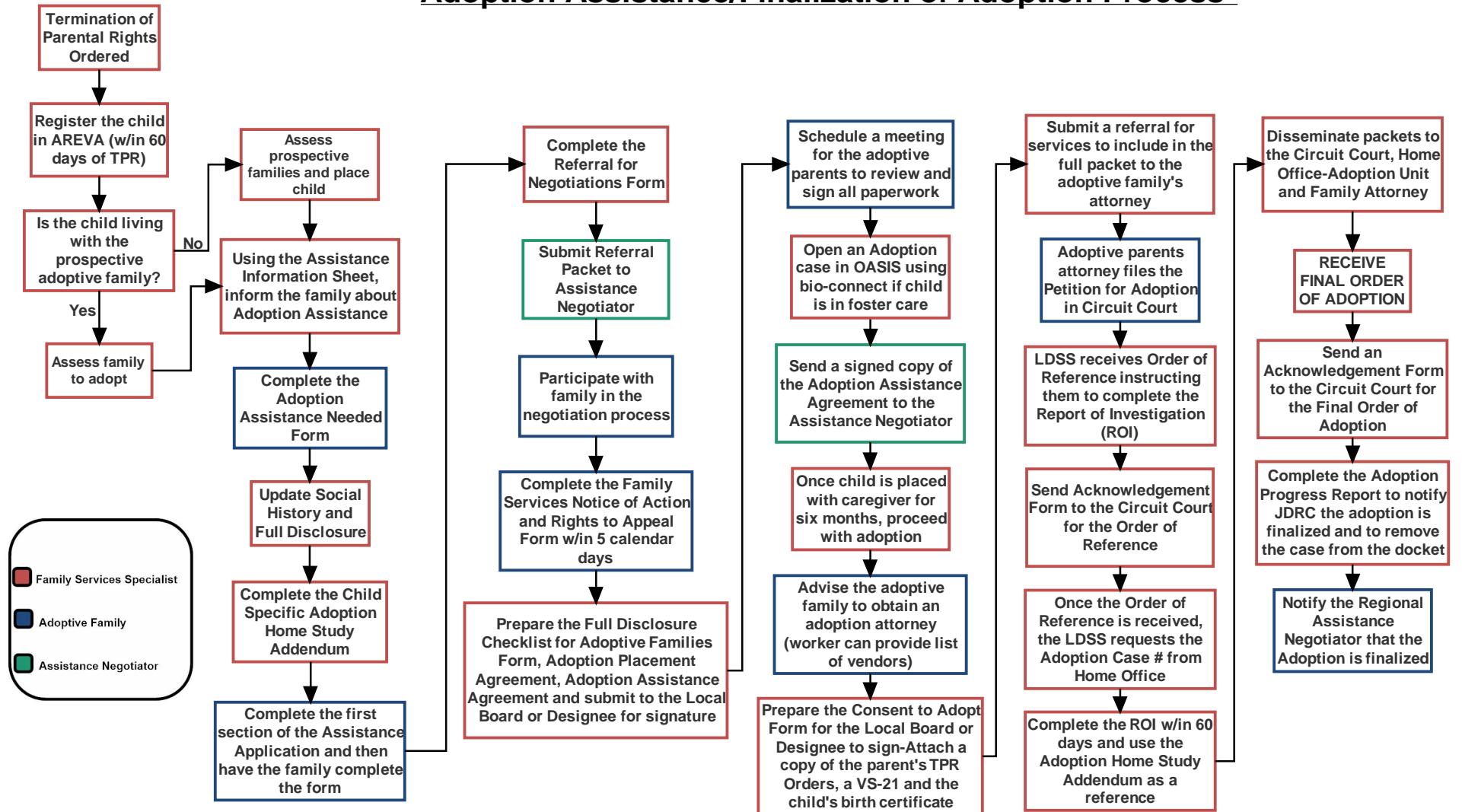
Name of Parent 2:	Amount Received
Earned Income Source:	
Other Source of Income:	
Other Source of Income:	
Total monthly income. Include employment, SSI payments, foster care payments, adoption assistance payments, etc.	Total:
<b>Total household monthly income for Parent 1 + Parent 2</b>	<b>Total:</b>
<b>ADOPTIVE PARENT ACKNOWLEDGEMENT</b>	
1. I/We are <input type="checkbox"/> Applying for Adoption Assistance <input type="checkbox"/> Declining Adoption Assistance 2. I/We certify we are unable to adopt the child without assistance. 3. I/We understand that Virginia's rates will be used to determine adoption assistance payments, regardless of my state of residence. 4. I/We understand we must enter into an Adoption Assistance Agreement with the LDSS prior to the final Adoption Decree. 5. I/We understand that any changes that may affect adoption assistance funding must be reported to the LDSS at the time they occur. 6. I/We have received the Adoption Program Information Sheet.	
Signature of Adoptive Parent:	Date:
Signature of Adoptive Parent:	Date:

<b><i>FOR LOCAL OFFICE USE ONLY – FAMILY SERVICES SPECIALIST MUST COMPLETE</i></b>
<b>Adoptive Parent Certification and Additional Comments</b>

*\* Background checks must be current, within 18 months of filing the Report of Investigation.*

<b>ADOPTIVE FAMILY INFORMATION</b>	<b>Adoptive Parent</b>	<b>Adoptive Parent</b>
Legal Name		
U.S. Citizen		
Relative of Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved LDSS Home Study / Child Specific Addendum	Date Certified:	Date Exp:
<input type="checkbox"/> Approved LCPS Home Study / Child Specific Addendum	Date Certified:	Date Exp:
Date/Results of Fingerprint Checks		
Date/Results of CPS Clearances		
Family Services Specialist:		
Email Address:	Telephone:	

## Adoption Assistance/Finalization of Adoption Process



## Family Services Notice of Action and Right to Appeal

The following form shall be completed by the LDSS when notifying an individual of certain changes to his/her foster care or adoption services. The person requesting an appeal (appellant) for foster care cases, may include a biological parent, foster parent, care taker, or guardian ad litem (22VAC40-201-115). For adoption cases, the appellant may be an applicant or recipient of adoption assistance including an adoptive parent (22VAC40-201-160).

Written notification shall be mailed to the appellant at least **ten days** before action is taken to change services.

Written notification shall be mailed to the birth parents, caretakers, or youth at least **ten (10) days** before action is taken to change services.

Date of Mailing: \_\_\_\_\_

Name of LDSS:	
LDSS Contact Person:	
Phone#:	Email:
Name of child:	OASIS Case Number:
Name of person being notified:	

You are receiving this letter to notify you that \_\_\_\_\_ (LDSS agency) is taking action in your ☐ Foster Care / ☐ Adoption case.

The following action(s) will take effect on \_\_\_\_\_:

Foster Care (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Suspension of services and/ or benefits | <input type="checkbox"/> Reduction of services and/ or benefits   |
| <input type="checkbox"/> Delay of services and/ or benefits      | <input type="checkbox"/> Termination of services and/ or benefits |
| <input type="checkbox"/> Denial of Services                      |   |
| <input type="checkbox"/> Other: _____.                           |   |

Adoption Assistance (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Denial of adoption assistance application | <input type="checkbox"/> Denial of request for addendum               |
| <input type="checkbox"/> Denial of Services                        | <input type="checkbox"/> Change of Service                            |
| <input type="checkbox"/> Termination of Services                   | <input type="checkbox"/> Termination of adoption assistance agreement |
| <input type="checkbox"/> Termination of Addendum                   | <input type="checkbox"/> Change in payment                            |
| <input type="checkbox"/> Other: _____.                             |   |

These actions are being taken due to:

## Family Services Notice of Action and Right to Appeal

If you wish to appeal this action, you, or your representative, have **thirty (30) calendar days** from the date of this written notice to appeal these actions. Requests for appeals must be submitted in writing. Below are the detailed steps for the Appeals and Fair Hearing Process. Please review these steps carefully and contact your local department of social services if you are in need of assistance or clarification.

In addition to filing an appeal, you may request a conference with your local department of social services, case worker, or other entity who is taking these actions.

---

Agency Representative

---

Date

# Family Services Notice of Action and Right to Appeal

## Appeals and Fair Hearings Information

Appeals shall be processed in accordance with [§ 63.2-915](#) (for cases related to foster care) or [§ 63.2-1304](#) (for cases related to adoption assistance) of the Code of Virginia. Foster and Adoptive parents, or an authorized person acting on their behalf, may submit a request for an appeal and fair hearing.

Requests for appeals must be submitted in writing to the following address within **thirty (30) calendar days** of receiving a written decision related to your case:

Appeals and Fair Hearings Unit  
Virginia Department of Social Services  
801 East Main Street  
Richmond, VA 23219-2901

A hearing officer will determine if the request for appeal is valid. The hearing officer is an impartial person designated by the Commissioner to hear appeals and decide if the local department followed policy and procedure in making a decision.

If the VDSS hearing officer determines the appeal request is valid, the LDSS and foster/ adoptive parents are notified in writing at least **ten (10) calendar** days prior to the Administrative Hearing. If the hearing officer determines the appeal request is invalid, the LDSS and foster/ adoptive parents receive written notification with an explanation of the reason for the determination that an administrative appeal hearing cannot be granted.

The local department prepares a Summary of Facts and sends a copy to the foster/ adoptive parents (and their representative if any) and the hearing officer at least **five (5) days** prior to the hearing. The hearing is scheduled and conducted at a time, date, and place convenient to the foster/ adoptive parents, and may be conducted by teleconference.

If the foster/ adoptive parents fail to appear without good cause or by their authorized representative at the hearing scheduled, the hearing officer may deny or dismiss the request for a hearing.

At the hearing, the foster/ adoptive parents and/or their authorized representative have the opportunity to:

- Examine all documents and records used at the hearing, to the extent that the information does not violate confidentiality requirements.
- Present the case.
- Bring witnesses.
- Establish all pertinent facts and circumstances.
- Advance any argument without undue interference.
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The local department has the opportunity to:

- Clarify or modify its statements contained in the Summary of Facts;
- Question the individual and his witnesses on the salient issues.
- Examine all documents submitted by the individual or his authorized representative.

Only relevant evidence related to the issue(s) being appealed is admissible at the hearing.

There is a legal presumption that the local department acted in accordance with law and policy and the burden of proof is on the individual to demonstrate local department error.

The decision of the hearing officer shall be based exclusively on the evidence and other material (i.e., documents or testimony) introduced at the hearing. Evidence includes all applicable laws, regulations, policies, and guidance manuals.

The hearing officer shall notify the individual and the local department in writing of its decision on the appeal within **ninety (90) calendar days** following the date the appeal request was received by the VDSS, except when a

## Family Services Notice of Action and Right to Appeal

postponement was requested. If the hearing was postponed, the time limit will be extended for as many days as the hearing was postponed.

The decision of the hearing officer is final and binding when the decision is mailed to the local department and the individual.

### **Withdrawal Statement**

If the local department and the foster/ adoptive parents resolve the issue at any time after the Appeals and Fair Hearings Unit receives the Individual's request for an Administrative Review Hearing, the foster/ adoptive parents must provide a written statement withdrawing the appeal request. The withdrawal statement is sent to the hearing officer with a copy to the local department.

### **Appeal to Circuit Court**

The individual aggrieved by the decision of the hearing officer may seek further review of the decision by the appropriate Circuit court. The individual has **thirty (30) days** from the date of service (the date they actually received the hearing officer's decision or the date it was mailed to the individual, whichever occurred first) to provide notice of his intent to file an appeal with the circuit court. The individual must send written notice of intent to appeal the hearing officer's decision to:

Commissioner  
Virginia Department of Social Services  
801 East Main Street  
Richmond, VA 23219-2901

In addition, the individual must file a written petition in Circuit Court in the locality where they live in order to perfect the appeal. The individual will not receive correspondence now will his benefit continue as a result of the individual sending written notice to VDSS of his intent to appeal, as the hearing officer's decision is the final administrative action.

# Family Services Appeal Request

I/we have the right to request a fair hearing within **thirty (30) calendar days** of receiving written notice of a local department decision in a foster care or adoption case.

1. I/ we want a hearing to appeal the decision related to the following case:

A. Type of case (check one):

- Foster Care

- Adoption

### B. Case information

If you are appealing decisions for multiple children, a separate form is needed for each child.

Name of LDSS:		
Name of child:	OASIS Case Number:	
Name of person appealing (appellant):		
Appellant's relationship to child/family:		
Address:		
City:	State:	Zip:
Phone#:	Email:	

### C. Authorized Representative

I authorize the following person (relative, friend, attorney, or other person) to help me with the appeal and/or to act on my behalf.

Name of authorized representative:			
Relationship to foster/adoptive parents:			
Address:			
City:	State:	Zip:	
Phone#:	Email:		

2. Please provide a detailed description of what you wish to appeal. If additional space is needed, you may attach additional pages.

Additional pages attached      yes      no      Number of additional pages \_\_\_\_\_

[illegible]



## Family Services Appeal Request

3. Attach the following items when submitting this form to the Appeals and Fair Hearings Unit.
- ☐ Copy of the LDSS Notice of Action or other written notice, notifying you of the decision;
  - ☐ For Foster Care cases, a copy of the Service Plan, if available;
  - ☐ For Adoption Assistance cases, a copy of the Adoption Assistance Agreement and any subsequent addendums, if available; and,
  - ☐ Any documentation that would support your appeal.
4. Assistance with completing the form
- If you need help, the local department will help you complete this form and will help prepare you for the appeal. The local department can also give you information about legal services in your community that can help you.

5. Signatures:

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Appellant

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Date

---

Appellant

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Date

---

Agency Representative or person helping to complete the form

---

Date

### Mail Forms

Please send this completed form, along with the other documentation, within **thirty (30) days** of receiving the local department's Notice of Action, or other written notice, to:

Appeals and Fair Hearings Unit  
Virginia Department of Social Services  
801 East Main Street  
Richmond, VA 23219-2901

## Family Services Summary of Facts

Upon receiving notification of the scheduled hearing from the VDSS Appeals and Fair Hearings Unit, the local department must prepare a Summary of Facts of the case. A copy of this Summary, and all attachments, should be received by the appellant, their representative if any, and the hearing officer at least **five (5) days** prior to the hearing.

### 1. Identifying case information

Name of LDSS:		OASIS Case Number:	
LDSS Contact Person:			
Contact Email:		Contact Phone:	
Name of the child:			
Name of appellant/relationship to child:			
Address:			
City:	State:	Zip:	
Phone#:		Email:	

### 2. Statement of issue/action being appealed

- a. Request for Appeal attached    ☐ yes    ☐ no
- b. Statement of Issue (provide a brief statement of the reason for the appeal)

- c. Determination by the LDSS

- d. Type, amount, and date of payment, service and/or placement\* that was changed, denied or terminated:

- e. Statement of the alleged failure of the CPA to act, if applicable:

\* In accordance to 22VAC40-201-115, a hearing shall be granted for the denial or delay in placement of a child for adoption when an approved family is outside the locality with the legal custody of a child.

## Family Services Summary of Facts

### 3. Chronological sequence of events

Instructions: Provide a statement or listing of events which led the local department to take specific action. This would include, but not limited to, specific dates, actions that occurred or did not occur, and local department actions to resolve issues. Assume the reader is not familiar with the facts of the case or program guidance.

### 4. Specific calculations

Instructions: Provide the specific calculations in question and describe the reason the calculations are in question.

## Family Services Summary of Facts

5. Specific citations(s) and language

Instructions: Provide the specific citation(s) and language quoted from law, regulations, and/or the guidance manual on which LDSS action was based. Use and attach additional pages if needed. Additional pages attached ☐ yes ☐ no

6. Relevant provisions of service plan or agreement

a. Service Plan attached ☐ yes ☐ no

b. Adoption Assistance Agreement attached ☐ yes ☐ no

c. Addendums to Adoption Assistance Agreement attached ☐ yes ☐ no

7. List of additional documentation attached

8. LDSS Signature:

\_\_\_\_\_  
Director of Local Department Director

\_\_\_\_\_  
Date

A copy of this Summary, and all attachments, should be received by the foster/ adoptive parents, their representative if any, and the hearing officer at least **five (5) days** prior to the hearing. A copy of the Summary of Facts shall be placed in the child's foster/ adoptive paper case record.



**APPLICATION FOR ADOPTION ASSISTANCE  
PRIVATE AGENCY PLACEMENTS**

<b>Date of Application:</b> _____	<b>Type of Assistance Requested:</b> <input type="checkbox"/> Medical <input type="checkbox"/> Monthly Maintenance <input type="checkbox"/> Special Services <input type="checkbox"/> Nonrecurring Expenses
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Is this an interstate case?    Y   N

If so, has the placement been approved through the Interstate/Intercountry Placement Office (ICPC)?    Y   N

Data placement was approved: \_\_\_\_\_  
(Attach Verification)

**I. Child Information**

**Birth Name:**

**Adoptive Name:**

\_\_\_\_\_

*Last      First      MI*

\_\_\_\_\_

*Last      First      MI*

**Date of Birth**

(Attach Birth Verification): \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Child's Social Security Number**

(Attach Copy): \_\_\_\_\_

If no card, date of application for Social Security Card: \_\_\_\_\_

**Date of Custody to Private Agency:** \_\_\_\_\_

**Date of Judicial Determination (Attach Court Order):** \_\_\_\_\_

**Date of Adoptive Placement:** \_\_\_\_\_

**Date Petition Filed:** \_\_\_\_\_

**Date Adoption to be Finalized:** \_\_\_\_\_

**Locality of Filing:** \_\_\_\_\_

**II. Special Needs of Child**

Has an application for Social Security Disability been filed: ☐ YES ☐ NO    Date of application? \_\_\_\_\_

Provide a description of physical, mental, or emotional disability of child (attach documentation): \_\_\_\_\_

\_\_\_\_\_

**III. Birth Parent Information at Time of Relinquishment**

At the time of child's birth, what was mother's marital status: ☐ Single ☐ Married ☐ Divorced

**Mother's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

At the time of the child's birth, was the father identified as one of the following:

☐ Legal Father ☐ Acknowledged Father ☐ Adjudicated Father

☐ Presumed Father ☐ Registered in a Birth Father Registry

**Father's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number :** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

#### IV. Adoptive Parents

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent 1 SS#: \_\_\_\_\_ Parent 2 SS#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Health Insurance: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_  
Type of Coverage: (Medical/Dental/Vision/Other): \_\_\_\_\_  
(Attach a copy of the Card)

#### V. Efforts to Place Without Adoption Assistance

Please describe efforts made by the agency to place without adoption assistance or the basis for the selection of this family as the best resource for the child. Separate page may be attached.

Include: Number of families offered the child; specialized recruiting efforts; referral to adoption exchanges; etc. Provide copy of the adoptive home study and all supporting documents and reports.

Information Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Submission: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### *For LDSS Use Only*

Information has been reviewed and an eligibility determination has been complete (attach the Adoption Assistance Screening Tool).

The child: ☐ Is eligible ☐ Is not eligible (check one)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The family will be notified by the LDSS of the eligibility status and right to appeal any decision. If the child is eligible, a negotiation meeting will be schedule; if the child is not eligible, the family will be notified in writing the reason for denial. Copies of the notices must be sent to the adoptive parents, LCPA, and a copy placed in the agency file.*

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
ADOPTION ASSISTANCE CASE RECORD CHECKLIST

Birth Name: \_\_\_\_\_ Adoptive Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

<b>I. OVERVIEW</b>	<b>V. CHILD'S ADOPTIVE FAMILY DOCUMENTS</b>
FACESHEET CHECKLIST FOR PAPER CASE RECORD	CERTIFICATE OF APPROVAL CRIMINAL BACKGROUND CHECK RESULTS SWORN STATEMENTS CENTRAL REGISTRY RESULTS
<b>II. AGE and CITIZENSHIP</b>	CONFIDENTIALITY AGREEMENTS RELEASE OF INFORMATION
ORIGINAL BIRTH CERTIFICATE SOCIAL SECURITY CARD CERTIFICATE OF CITIZENSHIP OR NATURALIZATION	<b>VI. ADOPTION ASSISTANCE DOCUMENTS</b>
<b>III. SPECIAL NEEDS CRITERIA</b>	APPLICATION FOR ADOPTION ASSISTANCE REFERRAL FOR NEGOTIATIONS VEMAT (ALL SUPPORTING DOCUMENTATION) NEGOTIATION REPORT ADOPTION ASSISTANCE AGREEMENT REQUEST FOR ADDENDUMS TO THE AGREEMENT ADDENDUMS TO THE ADOPTION ASSISTANCE AGREEMENT CHILD HEALTH INSURANCE CARD (COPY) AND FULL EXPLANATION OF BENEFITS
TERMINATION OF PARENTAL RIGHTS MOTHER FATHER TEMPORARY ENTRUSTMENT AGREEMENT MOTHER FATHER PERMANENT ENTRUSTMENT AGREEMENT MOTHER FATHER  AND FOR EACH SUBSEQUENT ORDER WITH CONTRARY TO WELFARE LANGUAGE WAS RECEIVED FOR EACH	REQUEST FOR APPEAL NOTICE OF ACTION AND DENIALS SUMMARY OF FACTS APPEALS DOCUMENTATION WITHDRAWAL STATEMENT
<b>CHILD'S DOCUMENTED SPECIAL NEED</b> PSYCHOLOGICAL ASSESSMENTS IEP/504 PLANS STATEMENTS FROM LICENSED PROFESSIONALS PARENTING CAPACITY (REDACTED) PARENT'S PSYCHOLOGICALS (REDACTED) SSA AWARD LETTER FOR SSI/SSA BENEFITS SIBLINGS BIRTH CERTIFICATES BIRTH RECORDS	<b>VII. CHILD'S ADOPTION LEGAL DOCUMENTS</b>
<b>REASONABLE EFFORTS</b> AREVA REGISTRATION FORM (FROM OASIS) REFERRAL TO ADOPTION RECRUITER REGISTRATION ON FAMILY MATCH STATEMENT FROM ADOPTIVE PARENTS THAT THEY CANNOT ADOPT WITHOUT ASSISTANCE	PETITION FOR ADOPTION ORDER OF REFERENCE REPORT OF INVESTIGATION FINAL ORDER OF ADOPTION SOCIAL SECURITY CARD POST ADOPTION (COPY)
<b>IV. CHILD'S ELIGIBILITY FOR ADOPTION ASSISTANCE</b>	<b>VIII. ANNUAL AFFIDAVITS</b>
FIRST COURT ORDER AFTER SANCTION REMOVAL TITLE IV-E NOTICE OF ACTION APPROVAL EVIDENCE OF A PRIOR TITLE IV-E PAYMENT FOR MINOR PARENT WITH A CHILD IN FOSTER CARE PRIOR TITLE IVE AAA WHEN ADOPTION DISSOLVED OR PARENTS DIED	<b>IX. SERVICES AND RECOMMENDATIONS</b>
	SERVICE REPORTS (FAPT, IACCT, IEP, TREATMENT TEAM, ISP, FPM, ETC.)
	BILLS, INVOICES, AND STATEMENTS FOR PAYMENTS
	<b>X. OTHER</b>
	VERIFICATION ADOPTION FILE HAS BEEN RECEIVED BY VDSS



**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

<b>Agency Information</b>			
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	
<b>Child and Family Information</b>			
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: _____			
<b>Type of Assistance Requested</b>			
Does the child receive a Basic Maintenance Payment?		Yes    No	Amount, if Applicable \$ _____
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			
<b>Required Documentation</b>			
<p><b>FOR NEW ADOPTION ASSISTANCE AGREEMENTS:</b> 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</p> <p><input type="checkbox"/> Adoption Assistance Screening Tool</p> <p><input type="checkbox"/> Certificate of Approval</p> <p><input type="checkbox"/> Checklist for Approval/Reapproval (LDSS Homes)</p> <p><input type="checkbox"/> Non-Conviction Letter (for TFC Homes)</p> <p><input type="checkbox"/> Initial title IV-E Foster Care Determination</p> <p><input type="checkbox"/> Verification of Child's School Enrollment</p> <p><input type="checkbox"/> Verification of Parent School Enrollment / Employment</p> <p><input type="checkbox"/> Verification of Child Care Attendance</p> <p><input type="checkbox"/> Child Care Vendor's license, registration, or religious exemption</p> <p><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</p> <p><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.**

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**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 18<sup>th</sup> 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.

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



## **Assessing Resources to Defray Costs**

### **AVAILABLE COMMUNITY RESOURCES**

#### **Consider this List Before Requesting Adoption Assistance Payments**

Before recommending any type of adoption assistance payment, all known resources must be explored to determine whether the costs of the child's special needs can be fully or partially defrayed. Some of these resources include:

- **Child's Health Insurance**
  - Medicaid or FAMIS
    - ID/DD Waivers
    - Home and Community – Based Waivers
    - Commonwealth Coordinated Care (CCC) Waivers
  - TRICARE or CHAMPVA
  - Private Medical Insurance
- **Children's Special Needs**
  - Infant Toddler Connection of Virginia
  - Children and Youth with Special Healthcare Needs (CYSHCN) Program
  - Children's Services Act (CSA)
  - Community Services Boards (CSBs)
- **Family Preservations Services for Adoptive Families**
  - Post-adoption services through collaborative partnerships
- **Government Benefits**
  - The child may be entitled to certain benefits because of the death or disability of a birth parent or adoptive parent. These include: Veterans Administration, Social Security, Railroad Retirement, etc.;
  - If an adoptive parent is in military service, the child may be eligible for services under any existing military program.
- **Older Youth with Significant Disabilities**
  - Special Education Services or 504 Plan
  - Speech-Language pathology services
  - Vocational Education
  - Travel Training
  - Parent Educational Advocacy Training Center (PEATC)
  - Virginia Department of Education's Transition Services
- **Post-Adoption Consortium**
- **Supplemental Security Income (SSI) Payments**
  - SSI payments the child is receiving prior to adoptive placement may be continued after placement in the following circumstances:

## **Assessing Resources to Defray Costs**

### **AVAILABLE COMMUNITY RESOURCES**

#### **Consider this List Before Requesting Adoption Assistance Payments**

- Before legal adoption, the income of the adoptive parents is not counted; however, because they are providing in-kind support to the child, the SSI payment can be reduced up to one-third of the regular amount;
- After legal adoption, the income and resources of the adoptive parents will be counted, using the same formula that would be applied to a birth child in the family unit.

When the LDSS determines that health insurance benefits or other resources are appropriate, available, and accessible for the child, these resources must be utilized prior to considering adoption assistance special services. The adoptive parents may choose whether or not to use these resources.

# Negotiation Report

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The Assistance Negotiator, \_\_\_\_\_, conducted a negotiation in collaboration with the \_\_\_\_\_ Department of Social Services on \_\_\_\_\_. The purpose of this negotiation was to assess the child's needs for assistance taking into account the circumstances of the parents and to determine the assistance necessary to care for the child's special needs. The negotiation was conducted between the LDSS, represented by \_\_\_\_\_ and parents/guardians \_\_\_\_\_, for assistance on behalf of \_\_\_\_\_. In addition to those listed above, the following individuals participated in the negotiations:

## Negotiation requested for:

☐ Adoption Assistance    ☐ Kinship Guardianship    ☐ New assistance agreement    ☐ Addendum

KinGAP OASIS Case #: \_\_\_\_\_ Foster OASIS Case #: \_\_\_\_\_

Adoptive OASIS Case # \_\_\_\_\_

## The negotiation process involved the examination of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Application for Assistance                      | <input type="checkbox"/> Worksheet for Assessing & Negotiating AAA (adoption only)                        |
| <input type="checkbox"/> Request for Addendum                            | <input type="checkbox"/> Initial IV-E Determination for most recent foster care episode                   |
| <input type="checkbox"/> Addendum to the AAA (adoption only)             | <input type="checkbox"/> Current insurance information available for the child                            |
| <input type="checkbox"/> VEMAT (VA Enhanced Maintenance Assessment Tool) | <input type="checkbox"/> OASIS (Online Automated Service Information System)                              |
| <input type="checkbox"/> Screening Tool                                  | <input type="checkbox"/> Original Assistance Agreement  |
| <input type="checkbox"/> Community resources available:                  | <input type="checkbox"/> Pertinent documentation of child's emotional, behavioral, or physical condition: |

## Negotiation Results:

☐ Additional pages attached

The following terms were agreed upon:

<b>Assistance Maintenance Payments</b>	<b>Monthly Amount</b>	<b>Terms</b>	
<b>Basic maintenance payment</b>		From	To
<b>Enhanced maintenance payment</b>		From	To
<b>Child care maintenance payment</b>		From	To
<b>Total monthly maintenance payment:</b>			

**Special Services Payments (adoption only)**

Type of Service	Payment made to	Maximum Monthly Payment	Terms	
			From	To
Additional terms:				
Type of Service	Payment made to	Maximum Monthly Payment	Terms	
			From	To
Additional terms:				
Type of Service	Payment made to	Maximum Monthly Payment	Terms	
			From	To
Additional terms:				
Type of Service	Payment made to	Maximum Monthly Payment	Terms	
			From	To
Additional terms:				

☐ Additional pages attached

The Assistance Negotiator will review the case in OASIS **ten (10) days** after the negotiation to verify accuracy of general and financial information.

The LDSS will submit a copy of the executed Assistance Agreement to the Assistance Negotiator no later than **ten (10) days** following the last signature on the Assistance Agreement.

# VIRGINIA ADOPTION ASSISTANCE AGREEMENT

Handout 17

<b>Child's Adoptive Name:</b>	<b>Date of Birth:</b>
<i>(If the adoptive name is unknown, write the child's first name and <b>only</b> the initial of the last name).</i>	

This agreement is entered into by \_\_\_\_\_, the local department, and \_\_\_\_\_, the adoptive parent(s), and \_\_\_\_\_, the licensed child placing agency when this child is in its custody, on behalf of this child named above.

## Child's Documented Special Needs

This child has the following special needs documented by a qualified professional and established by the local department. Diagnoses listed on the agreement must match what's listed on the application.

### Title IV-E or State funded Adoption Assistance Agreement

- ☐ 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 of more siblings.
- ☐ Child meets all medical or disability requirements for Social Security Income (SSI).  
Describe:
- ☐ Child is age six years or older and has been in foster care for eighteen months or longer.

### State funded Adoption Assistance Agreement only

- ☐ Child has developed significant emotional ties with his/her foster parent(s) while in their care for at least 12 months, the foster parent(s) are committed to adopting this child, and state adoption assistance maintenance payments are necessary to enable the adoption.  
Describe:
- ☐ Child had the following special need(s) 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 date of diagnosis.  
Child has:
  - ☐ A physical, mental or emotional condition.  
Describe:
  - ☐ Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability.  
Describe:



## PROVISIONS OF AGREEMENT

This adoption assistance agreement, which is binding on all parties, is entered into for the purposes of facilitating the legal adoption of this child and assisting the adoptive parent(s) in providing care for this child. All parties agree to the terms and provisions contained in this document.

**A. Types of Adoption Assistance.** Payments and services for adoption assistance on behalf of this child have been determined by mutual agreement between the adoptive parent(s), the local department, and licensed child placing agency, if applicable, as documented in this section.

- 1. Non-recurring adoption expenses.** The local department agrees to pay the adoptive parent(s) the non-recurring adoption expenses identified in the chart below from title IV-E funds, up to \$2,000.

Non-Recurring Adoption Expenses	Amount
<input type="checkbox"/> Court costs related to filing an adoption petition	
<input type="checkbox"/> Attorney fees and legal service fees directly related to finalizing the adoption	
<input type="checkbox"/> Health and psychological examinations	
<input type="checkbox"/> Supervision of the placement prior to adoption	
<input type="checkbox"/> Transportation, lodging, and food for child and/or adoptive parent(s) when necessary to complete the placement or adoption process	
<input type="checkbox"/> Adoption fee charged and home study conducted by LCPA	
<input type="checkbox"/> Other costs necessary to complete child placement or adoption process Describe:	
<b>Total Amount</b> (not to exceed \$2,000)	

The adoptive parent(s) verify that these expenses are:

- Necessary for, and directly related to, the legal adoption of this child;
  - Not incurred in violation of state or federal law; and
  - Not reimbursed from any other sources of funds.
- a. The adoptive parent(s) agree to submit copies of bills and receipts no later than two years after the adoption is finalized.
- b. The local department shall make payments for non-recurring adoption expenses directly to service providers or reimburse the adoptive parent(s) based on actual costs of services.
- c. The adoptive parent(s) carry ultimate liability for payment of expenses they agree to pay directly.

- 2. Monthly adoption assistance maintenance payment.**

The source of funding for payments is: ☐ State funds or ☐ Title IV-E funds

- a. Basic maintenance payment.** The local department agrees to make payments, as identified in the chart below, directly to the adoptive parents on a monthly basis.

Monthly Amount	From to	Additional Terms

- The local department shall increase the agreed upon basic maintenance payment in this agreement or any addendum in effect on the first day of the month after the child's birthday:
  - When this child reaches a higher age grouping in state foster care guidance to help address the increased costs of caring for an older child; and
  - When statewide increases are approved to help address increased costs of living.

- b. Enhanced maintenance payment.** The local department determined that this child requires additional supervision and support from the adoptive parents using the VEMAT and supporting documentation. The local department agrees to make payments, as identifies in the chart below, directly to the adoptive parents.

Monthly Amount	From to	Additional Terms

- c. Child care maintenance payment.** The local department determined that a child care supplement is needed based on the child and family's circumstances. Child care maintenance payments are negotiated and agreed for up to one year.

Monthly Amount	From to	Additional Terms

This child shall continue to receive the maintenance payment(s) under the terms specified in this agreement, except that such payments may be terminated if one of the following actions occurs:

- The adoptive parent(s) decline the maintenance payment in writing;
- The adoptive parent(s) and the local department agree to a new maintenance amount specified in an executed addendum to this agreement; or
- This agreement is terminated as a result of one or more circumstances set forth in Section K.

**Total maintenance payment amount**

- 3. Special services to meet this child's documented special needs.** The local department agrees to make payments, as identified in the chart below, from state funds to provide necessary services to meet this child's documented special needs. The local department is not responsible for any expenses not documented below.

#### Special Services Payments

Type of Service	Payment made to	Maximum Monthly Payment	Terms
			From To
Additional terms:			
Type of Service	Payment made to	Maximum Monthly Payment	Terms
			From To
Additional terms:			
Type of Service	Payment made to	Maximum Monthly Payment	Terms
			From To
Additional terms:			

- a. The adoptive parent(s) verify:
  - The special service(s) are directly related to child's documented special needs;
  - The special services are not covered by health insurance, Medicaid, family, extended family, public school system, community, government, or any other resources; and
  - The adoptive parent(s) cannot financially afford the special services.
- b. The adoptive parent(s) agree to submit bills or receipts documenting the actual cost of services within 30 days of incurring the expense.
- c. The local department shall pay the service provider directly and/or reimburse the adoptive parent(s). The adoptive parents carry ultimate liability for the payment of expenses for which they agree to pay directly.

**B. Medical Care.** The item checked below applies to this child:

- ☐ The adoptive parent(s) will provide health insurance coverage for this child.
- ☐ Medicaid benefits are available to this child based on this child's eligibility for title IV-E adoption assistance maintenance payments, as provided by the State Plan for title XIX of the Social Security Act and in accordance with procedures of the State where this child resides.
- ☐ Medicaid benefits may be available through the State Plan for title XIX because this child has a special medical or rehabilitative need. This child's Medicaid eligibility is determined in accordance with procedures of the State where this child resides and may change over time due to changes in this child's income.

**C. Moving to Another Jurisdiction in Virginia.** When the adoptive parent(s) and this child move to, or live in, another jurisdiction in Virginia, the local department that executed this agreement continues to be responsible for payments, special services, and terms delineated in this agreement and in any addendums in effect, for the duration of the agreement.

**D. Moving Out of Virginia.**

1. When the adoptive parent(s) and this child move to, or live in, a state other than Virginia, the local department that executed this agreement continues to be responsible for payments, special services, and terms delineated in this agreement for the duration of the agreement.
2. Virginia is a member of the Interstate Compact on Adoption and Medical Assistance and the interests of this child are protected by the Compact. The adoptive parent(s) may apply for title XIX Medical Services, title XXI state child health insurance, and title XX social services in his/her/their new state of residence. These services vary from state to state and are available to this child in accordance with the procedures of the state in which the adoptive parent(s) and this child reside.

**E. Notification of Changes by Adoptive Parent(s).**

1. The adoptive parent(s) agree to immediately notify the local department, in writing, when any of the following circumstances occur:
  - a. Change in address.
  - b. Changes in this child's special needs or in the family circumstances of the adoptive parent(s) that may change the adoption assistance this child receives. For example:
    - This child is receiving Social Security payments.
    - Changes in the amount of additional supervision and support this child requires from the adoptive parent(s).
    - The adoptive parent(s) becomes disabled or is deceased.
    - The adoptive parents divorce.

- c. This child is not capable of participating in school full-time due to a medical condition. The adoptive parent(s) shall submit documentation by a qualified professional and submit quarterly updates on this child's medical condition to the local department.
- d. This child is no longer eligible for adoption assistance:
  - The adoptive parent(s) are no longer legally responsible for this child's care;
  - The adoptive parent(s) are not providing financial support for this child;
  - This child becomes an emancipated minor, marries, dies, or enters military service; or
  - The adoptive parent(s) die (i.e., both parents die when both adoptive parents signed the adoption assistance agreement; or one parent dies when one parent signed the adoption assistance agreement). The adoptive parent(s) will make arrangements for this child, and for the local department to be notified, in the event of his/her/their death.
2. If the adoptive parent(s) receive Supplemental Security Income (SSI) payments for this child, the adoptive parent(s) will inform the Social Security Administration that this child is also receiving adoption assistance payments.

#### **F. Educational Provisions**

1. The adoptive parent(s) are responsible for ensuring this child complies with applicable law regarding compulsory age school attendance.
2. The adoptive parent(s) authorize the local department and the Virginia Department of Social Services (VDSS) to contact this child's school in order to verify this child's enrollment in school and to obtain educational information from the Virginia Department of Education on children who receive adoption assistance funds.
  - This includes obtaining this child's State Testing Identification (STI) number, if needed. Only non-identifying aggregate educational information on children receiving adoption assistance will be reported publicly.
  - The local department shall maintain the STI number as confidential information, as is all confidential child information (§ 63.2-104).

#### **G. Annual Affidavit**

1. The adoptive parent(s) shall submit the Virginia Annual Affidavit for Adoption Assistance to the local department annually, within thirty 30 days of the anniversary date of the effective date for this executed agreement. The annual affidavit shall be signed by at least one of the adoptive parent(s).
  - When there is only a one-time payment on the adoption assistance agreement and no other payment or services will be received, an annual affidavit is not completed annually (e.g. non-recurring expenses only).
  - When there is a \$0 payment and Medicaid, an annual affidavit is submitted to the local department.
2. The local department shall notify the adoptive parent(s) in writing two months before the annual affidavit is due.

#### **H. Suspension of Adoption Assistance Payments**

1. The local department may suspend any adoption assistance payments being provided on behalf of the family in this signed agreement or any addendum in effect, if the adoptive parent(s) fail to submit the signed annual affidavit within 30 days of the anniversary date of the effective date for this signed agreement. Payments may be suspended until the signed affidavit is received by the local department.
2. The local department shall provide written notice to the adoptive parent(s) prior to suspension.

## **I. Termination of Maintenance Payments**

The local department shall only terminate maintenance payments in this agreement or in any addendum in effect, when:

1. The agreed upon time period for the maintenance payment ends and the adoptive parents decline the maintenance payment in writing;
2. The adoptive parent(s) request in writing that the maintenance payment end; or
3. The local department determines that this agreement shall be terminated based on one or more circumstances set forth in Section K on termination.

## **J. Termination of Special Services Payments**

The local department shall terminate state special services payments in this agreement or in any addendum in effect through a written notice to the adoptive parents, when:

1. The agreed upon time period for the special services payments end;
2. The adoptive parent(s) request in writing that the special services payments end;
3. The adoptive parent(s) or qualified professional document in writing to the local department that the special service is no longer directly related to and/or required to meet this child's special need;
4. The adoptive parents do not fulfill the agreed upon terms documented in this agreement, or in any addendum in effect, for state special services payments; or
5. The local department determines that this agreement shall be terminated based on one or more circumstances set forth in Section K on termination.

## **K. Termination of Agreement**

1. This adoption assistance agreement shall only be terminated when the local department determines that any one of the following circumstances occurs:
  - a. This child reaches the age of 18 years, unless the local department, Assistance Negotiator, and adoptive parent(s) determines this child has a condition that warrants continuation of adoption assistance beyond age 18 (i.e., this child has a mental or physical disability, or an educational delay resulting from such disability; and this child requires ongoing treatment and/or intervention).
  - b. This child reaches the age of 21, only when the local department, Assistance Negotiator, and adoptive parent(s) established that this child has a condition that warrants continuation of adoption assistance beyond age 18 years and up to age 21 years.
  - c. The adoptive parent(s):
    - i. Request in writing that the agreement ends.
    - ii. Are no longer legally responsible for this child's care. For example:
      - Parental rights are terminated for one adoptive parent when this agreement is with only that adoptive parent, or for both adoptive parents when this agreement is with both adoptive parents; or
      - This child becomes an emancipated minor, marries, enters military service, or dies.
    - iii. Are not providing any support for this child.
    - iv. Die (i.e., one adoptive parent dies when this agreement is with one parent; or both adoptive parents die when this agreement is with two adoptive parents).
  - d. The adoptive parent(s) and the local department agree in writing to terminate the agreement.
2. The local department shall provide written notice to the adoptive parent(s) prior to termination.

## **L. Changes to the Virginia Adoption Assistance Agreement**

1. Once this agreement is executed, the terms shall not be changed unless the adoptive parent(s) and the local department agree to modify this agreement through negotiations with the Assistance Negotiator.

2. The adoptive parent(s) may request changes to this agreement at any time during the duration of the agreement based on changes in this child's special needs or the family circumstances.
3. Changes may be requested in basic maintenance, enhanced maintenance, and/or special services. Non-recurring expenses are one time only expenses and cannot be reassessed.
4. The adoptive parent(s) shall submit a completed Addendum Request to the Virginia Adoption Assistance Agreement with all required supporting documentation to the local department that executed this agreement.
5. When the local department determines that the agreement should be reassessed, the local department, Assistance Negotiator, and the adoptive parent(s) shall assess and negotiate relevant components of adoption assistance and agree on terms to meet this child's documented special need.
6. The agreed upon terms shall be documented in a signed, dated, and executed Addendum to the Virginia Adoption Assistance Agreement on behalf of this child.

#### **M. Appeals**

1. Any recipient of adoption assistance aggrieved by any decision by the local department in granting, denying, changing, or discontinuing adoption assistance payments and services may appeal the decision within 30 days after receiving written notice of the decision from the local department. Any recipient aggrieved by the failure of the local department to make a decision within a reasonable time may ask for a review of the process (§ 63.2-1304).
2. Appeals shall be processed in accordance with Virginia legal requirements (§ 63.2-1304 and 22 VAC 40-201-160) and procedures established by the Virginia Board of Social Services. Written procedures of the VDSS at the time of the appeal shall be used.
3. Requests for appeals must be submitted in writing to:

Appeals and Fair Hearings Unit  
Virginia Department of Social Services  
801 East Main Street  
Richmond, VA 23219-2901

#### **N. Discrimination complaint**

If the adoptive parent(s) believe he/she/they have been discriminated against by the local department or the VDSS because of race, color, national origin, sex, age, or disability, the adoptive parent(s) have the right to file a complaint of discrimination with the:

VDSS Civil Rights Program Administrator 801 E. Main Street, 8th Floor Richmond, Virginia 23219	and/ or	U.S. Department of Health and Human Services Director, Office of Civil Rights 150 S. Independence Mall West, Suite 372, Public Ledger Building Philadelphia, Pennsylvania 19106-3499
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#### **O. Effect of Agreement**

1. **This Agreement is effective on \_\_\_\_\_** (first day of the following month in which all parties sign the agreement). This agreement shall be signed, dated, and in effect prior to the final order of adoption when title IV-E funds are used. The local department shall only provide payments and services after all parties have signed and dated this agreement and when the agreement is in effect.
2. This Agreement shall remain in effect regardless of the State in which the adoptive parent(s) are residents at any given time.
3. This Agreement, and all executed addendums to this agreement, constitutes the entire agreement between the parties. This agreement supersedes any prior agreement for adoption assistance between the parties signed below. No oral modifications made by any employee or agent of the local department or any party to this agreement will have any effect.

**ADOPTION ASSISTANCE  
ANNUAL AFFIDAVIT**

Virginia adoption assistance cases are reviewed annually. The review serves as a tool for adoptive parents to notify the local department of social services (LDSS) of any changes in their child's needs and to provide documentation verifying that they remain legally and financially responsible for their child. Please answer the following questions and return the form to the designated office within thirty (30) days.

<b>Child's First Name:</b>	<b>MI</b>	<b>Last Name:</b>	<b>Date of Birth (MMDDYY):</b>
<b>Child's Social Security Number:</b> (attach a copy of the child's Soc. Sec. card, if not previously provided)			
<b>Adoptive Parent's Name:</b>	<b>Phone number: (Home)</b>	<b>Phone number: (Work)</b>	<b>Other number: (cell)</b>
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
Email address:			
Email address:			

**Today's Date:**

1. Does your child continue to need Adoption Assistance? This includes a medical insurance card.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you continue to be legally and financially responsible for this child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the child continue to reside with you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who does the child live with? Include the address.				
4. Is your child enrolled in school in compliance with the state laws of your current residence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, provide a copy of the report card or letter from the school district the child is attending, or if the child cannot attend because of a medical condition, documentation from a medical provider. If the child is being homeschooled, please provide the homeschool registration.</b>				
5. Have there been any changes in the children's benefits received or the family's circumstances?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:				
6. Is your child currently receiving or has been determined to be eligible for SSI, SSA, veterans, or any other financial benefits? (Attach documentation or receipt of SSI, SSA, veterans, or other financial benefits payment amount)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is your child covered by private health insurance other than Medicaid? Provide the insurance information below and include a copy of the insurance card, if it hasn't been provided.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company	Policy number		Name of Policy Holder	
8. Do you wish to discuss your child's needs with a family services specialist worker? If yes, please explain.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has your child turned 18, or will they turn 18 within the next six months? If yes, please complete the section below.  Note: If your child was adopted at or after age 16, they may be eligible for Independent Living Services. Contact your child's post-adoption worker for information regarding eligibility.			<input type="checkbox"/> Yes	<input type="checkbox"/> No





**ADOPTION ASSISTANCE  
ANNUAL AFFIDAVIT**

Provide a signed letter on school letterhead indicating the anticipated date of graduation, GED Enrollment, or current home school registration verification. If the child has a documented disorder, provide supporting documentation from the child's treatment provider.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Has your child graduated from high school?<br>If yes, date of graduation? (mm/dd/yy)<br>If not, what is the expected date of graduation? (mm/dd/yy):   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) If not expected to graduate, is the child involved in a GED program?<br>If yes, what is the anticipated date of completion? (mm/dd/yy):  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) What school or GED program does your child attend?   |                              |                             |
| d) Does your child have a documented physical or mental disability?<br>If yes, specify below and provide current documentation from a physician, hospital, clinic, or other licensed medical practitioner of the youth's disability before the youth's 18 <sup>th</sup> birthday. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Specify:

**Fostering Futures Extended Assistance:** If your child has been approved under Fostering Futures, you must verify ongoing eligibility each year.

To remain eligible, your child must be doing one of the following:

- ☐ Enrolled in high, GED program, college, or vocational school – Provide verification of current enrollment and anticipated completion.
- ☐ Participating in an approved employment program – Attach documentation from the program.
- ☐ Working at least 80 hours per month – Provide employer verification (pay stubs or HR letter).
- ☐ Unable to participate due to a medical condition – Submit current medical documentation from a licensed provider.

\_\_\_\_\_ hopes this finds your family doing well. Please contact your assigned LDSS post-adoption family services specialist, noted below, to inquire about further assistance.

I acknowledge that I understand the questions on this form and affirm, under the penalty of perjury, that the information I have voluntarily provided is accurate and complete to the best of my knowledge.

Adoptive Parent 1 Signature:	Date:	Adoptive Parent 2 Signature:	Date:

**PLEASE RETURN BY:**

**Return this form and all required attachments to the following person at the address listed below:**

<b>Return to:</b>	Post-Adoption Family Services Specialist:		
Street Address:	City:	State:	Zip Code:
Telephone Number:	Fax Number:		

Are you aware of the free post-adoption services offered by the Virginia Department of Social Services?  
Contact your post-adoption family specialist for more information.

**For Office Use ONLY**

**OASIS Adoption Case Number:** \_\_\_\_\_ **Date Review Received:** \_\_\_\_\_

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| 1. Changes Reported                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| 2. Requested additional support/services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, the date referred to the Assistance Negotiator: _____ |
| 3. Agreement Amended                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (attach new agreement)  |
| 4. Date Closed in OASIS: _____            |                              |                             |   |
| 5. Reason for case closure: _____         |                              |                             |   |
| Signature _____                           |                              | Date _____                  |   |

## HOW TO COMPLETE THE ANNUAL ADOPTION ASSISTANCE AFFIDAVIT

### Purpose

Each year, we ask you to complete this affidavit to confirm that you remain legally and financially responsible for your child and to share any updates about their needs or your family's circumstances. This is also a chance to let us know if your family could benefit from additional support and to learn more about the Post-Adoption Consortium. We encourage you to return the completed form to your Post-Adoption Family Services Specialist within 30 days so your child's benefits can continue without interruption.

### Demographics – Child & Parent Information

When completing the affidavit, please provide your child's full name and date of birth, along with their social security number. If it has not already been submitted, attach a copy of your child's social security card showing their adopted name. A copy of your child's new social security card is required for the file once the adoption is final, reflecting any change in name. This information will also be used to ensure the continuation of your child's Medicaid coverage. Be sure to include both adoptive parents' full names, current phone numbers, mailing address, and email address.

### Question 1 – Continued Eligibility Questions

This question is included to confirm whether your child still requires adoption assistance, which covers both the monthly subsidy and Medicaid health coverage. Your response helps ensure that assistance is only continued when it is still needed. Check "Yes" if your child continues to benefit from adoption assistance or Medicaid. Check "No" if your family no longer relies on these supports for your child.

### Question 2 – Legal and Financial Responsibility

This question confirms that you are still your child's legal parent and remain financially responsible for their care. Adoption assistance can only continue while you hold legal parental responsibility and provide financial support. Select "Yes" if this is still the case. Select "No" only if your circumstances have changed and be sure to provide an explanation.

### Question 3 – Child's Residence

This question asks whether your child continues to live in your home. Mark "yes" if your child lives with you full-time. If your child lives elsewhere, even part-time, mark "no" and write in the name, relationship, and address of the person they are living with. If your child is in a residential treatment facility, include that information here and list the treatment provider name and address.

### Question 4 – School Enrollment

School enrollment is required under your state's compulsory attendance laws. You must indicate if your child is currently enrolled in school. If you answer "Yes," you must attach supporting documentation, such as a current report card, a letter from the school, or homeschool registration. If your child is unable to attend school because of medical reasons, include documentation from their medical provider.

### Question 5 – Changes Circumstances

This question asks if anything significant has changed since your last affidavit. Examples may include a new source of income, a change in family structure (such as custody changes), or any new diagnosis that may have been present at the time of the adoption but not diagnosed until afterwards.

## HOW TO COMPLETE THE ANNUAL ADOPTION ASSISTANCE AFFIDAVIT

### Question 6 – Other Federal Benefits

This question helps to assess benefits and prevent duplications that could result in overpayments. If your child receives SSI, SSA, veterans' benefits, or any other form of financial support, adoption assistance may need to be adjusted to account for those resources. Mark "Yes" if your child is currently receiving or has been approved for these benefits and be sure to attach documentation that shows the type of benefit and the payment amount. Mark "No" if your child does not receive any of these benefits.

### Question 7 – Health Insurance

This question helps the agency understand what health insurance coverage your child has so services can be coordinated effectively. If your child has private insurance in addition to Medicaid, check "Yes," list the insurance company, policy number, and policyholder's name, and attach a copy of the insurance card. Check "No" if Medicaid is your child's only health coverage.

### Question 8 – Discussion with Worker

This question gives you an opportunity to request a conversation with a Family Services Specialist if you feel your child's needs have changed or you would like additional support. Mark "Yes" if you want to be contacted and briefly explain the areas you would like to discuss. Mark "No" if you do not need additional support at this time.

### Question 9 – Child Turning 18 Years Old

The purpose of this question is to determine whether your child is approaching the age where adoption assistance may change. If your child is 18 or will turn 18 soon, you must complete the extended section of the affidavit. Remember: if your adoption assistance agreement has been extended beyond age 18, you are still required to complete this affidavit every year. If your child is 18 or older and has an approved adoption assistance extension, you must verify that they continue to meet eligibility and provide one of supporting documents listed on the affidavit.

You will also need to answer whether your child has graduated high school and, if so, provide the graduation date. If they have not graduated, indicate the expected graduation date. If your child is enrolled in a GED program, include the anticipated completion date. Be sure to state the name of the school or program your child is attending. Finally, if your child has a documented disability, specify the condition and provide current documentation from a licensed medical provider.

### Fostering Futures

If your child was adopted at age 16 or older and is approved for Fostering Futures, this section ensures they remain eligible for continued assistance. Each year, you must verify that your child is either: enrolled in school (high school, GED, college, or vocational), participating in an approved employment program, working at least 80 hours per month, or unable to participate due to a medical condition. Documentation must be attached to support whichever category applies.

### Signatures

The affidavit must be signed by at least one of the adoptive parents and returned to the LDSS by the "Return By" date.

### Submitting

Be sure to attach all requested documentation before submitting the affidavit. Return the completed form to the post-adoption family services specialist listed on your copy of the form, using the address and contact information provided. For your own records, keep a copy of everything you submit.



**Virginia Department of Social Services  
Child Care Maintenance Request and Negotiation Referral**

**The LDSS must use this form to amend an existing Adoption Assistance Agreement that approved a child care maintenance payment that is expiring. The completed request and referral, and supporting documentation must be sent via an encrypted email to the region's Assistance Negotiator.**

**AGENCY INFORMATION**

**LDSS NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FSS NAME:** \_\_\_\_\_ **FSS EMAIL:** \_\_\_\_\_ **FSS Contact Number:** \_\_\_\_\_

**CASE INFORMATION**

**OASIS ADOPTION CASE #:** \_\_\_\_\_

**CHILD AND FAMILY INFORMATION**

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ **CONTACT NUMBER:** \_\_\_\_\_

**CHILDCARE ASSISTANCE REQUEST**

**Are you requesting child care for a child ages 0-12?** ☐ YES ☐ NO **Child's Age:** \_\_\_\_\_

**Is this a** ☐ **One Parent Household** ☐ **Two Parent Household**

**Adoptive parent(s) work full time, 30 hours or more a week?** ☐ YES ☐ NO

**Adoptive parent(s) attend school full time?** ☐ YES ☐ NO

**DATE OF LAST APPROVAL:** \_\_\_\_\_ **DATE SERVICE EXPIRES:** \_\_\_\_\_

**NAME OF CHILD CARE FACILITY:** \_\_\_\_\_

**REQUIRED DOCUMENTATION**

- |   |   |
|---|---|
| <input type="checkbox"/> Original Adoption Assistance Agreement       | <input type="checkbox"/> Child Care License/Registration            |
| <input type="checkbox"/> Verification of Child's Enrollment in School | <input type="checkbox"/> Verification of Child's Attendance         |
| <input type="checkbox"/> Parent's Employment Verification             | <input type="checkbox"/> Verification of Parent's School Enrollment |

**OTHER DOCUMENTS INCLUDED:**

\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

**Adoptive Parent 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adoptive Parent 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Service Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Service Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES**ADDENDUM TO THE ADOPTION ASSISTANCE AGREEMENT  
CHILD CARE ONLY**

DATE: \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

This addendum is to be used in conjunction with the Virginia Adoption Assistance Agreement that was effective on \_\_\_\_\_ between \_\_\_\_\_, the local department, and \_\_\_\_\_, adoptive parent(s).

**PROVISIONS OF THE ADDENDUM**

The Adoption Compliance Consultant, \_\_\_\_\_, has determined that \_\_\_\_\_ continues to be eligible for post-adoption child care. Child care assistance will continue to be paid as a part of the adoption assistance maintenance payment administered by the local department of social services (LDSS).

Type of Agreement: ☐ Title IV-E ☐ State

Child Care Maintenance Payments	Monthly Amount	Terms	
Child care maintenance payment		From	To
Child care maintenance payment		From	To
<b>Additional terms:</b>			

Eligibility is based on the following criteria:

- Child care maintenance is for a child from birth to 12 years of age.
- The monthly supplemental rate cannot exceed \$600 (six or more hours of child care each day) for children ages 0 - 6 years old, or enrolled in kindergarten, whichever occurs first.
- The monthly supplemental rate cannot exceed \$300 for children aged 7 – 12 years old.
- The monthly supplemental rate cannot exceed \$300 for children ages 5-6 who are enrolled in Kindergarten.
- A single adoptive parent or both parents in a two-parent home must be employed full-time (30 hours or more per week), or participate in a full-time training or education program (12 or more credit hours per term/semester); or have a combination of part-time employment, education and/or training equivalent to full-time participation. The parent(s) must provide supporting documentation as proof of their employment, training, or education.
- The child care program must be a licensed or unlicensed regulated program per DOE.
- Verification of the child's enrollment/attendance at the child care program must be provided.

\_\_\_\_\_  
Signature of Adoptive Parent 1\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Adoptive Parent 2\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Local Department Representative (Board Designee)\_\_\_\_\_  
Date

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**SECTION II. SERVICE REQUESTED**

Service Requested	Parent Monthly Contribution	Monthly Amount Requested	Total Monthly Cost	Total Amount Requested	FREQUENCY (I.E. HOURS PER WEEK, ONE-TIME)	How Long is Service Needed? From Date – To Date)
<i>Example: Name of Service</i>	<i>\$100</i>	<i>\$300</i>	<i>\$400</i>	<i>\$900</i>	<i>2hrs/ per week</i>	<i>1/1/2022 – 3/31/2022</i>

Additional Comments (Including resources explored to meet the requested service need. Attach supporting documentation, recommendation from qualified provider, rate sheets, etc.):

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Is this a request to increase the adoption assistance maintenance payment, because the family initially agreed to a negotiated rate? YES NO

Is this a request to extend the Adoption Assistance Agreement due to the child turning 18 years old? YES NO

Date of Child's 18<sup>th</sup> Birthday: \_\_\_\_\_

**SECTION III. FAMILY'S FINANCIAL CIRCUMSTANCES**

Maintenance Payments for this child:

Basic Maintenance Payment: \$ \_\_\_\_\_  
 Special Service Payment: \$ \_\_\_\_\_  
 Child Care Payment: \$ \_\_\_\_\_

Enhanced Maintenance Payment: \$ \_\_\_\_\_  
 Special Service Payment: \$ \_\_\_\_\_

- A. How many people do you financially support ongoing? For example, birth children, children in foster care, children who were adopted, young adults in college, etc. Do NOT count this child.

PEOPLE YOU FINANCIALLY SUPPORT	NUMBER
LIVING IN YOUR HOME	_____
CHILDREN UP TO AGE 21 NOT LIVING IN YOUR HOME	_____
<b>TOTAL</b>	_____
OTHERS NOT LIVING IN YOUR HOME	_____

**B. List financial resources you receive/earn. Include employment, child support, social security, foster care payments, and adoption assistance for all children.**

**Complete for each parent in the home.**

**Name of Parent 1:** \_\_\_\_\_

<b>FINANCIAL RESOURCES</b>	<b>AVERAGE MONTHLY AMOUNT</b>
Earned Income (e.g. adjusted gross income divided by 12)	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
<i>Total Amount:</i>	\$ _____

**Name of Parent 2:** \_\_\_\_\_

<b>FINANCIAL RESOURCES</b>	<b>AVERAGE MONTHLY AMOUNT</b>
Earned Income (e.g. adjusted gross income divided by 12)	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
<i>Total Amount:</i>	\$ _____



- C. List ANY monthly expense you have that you would like to be taken into consideration when submitting this request, reasonable estimates are allowable.

TYPE OF EXPENSE	AVERAGE MONTHLY AMOUNT
MORTGAGE/RENT	\$ _____
UTILITIES (WATER, ELECTRIC, SEWER, GAS)	\$ _____
TELEPHONE/CELL	\$ _____
CAR EXPENSES (LOAN, INSURANCE, GAS)	\$ _____
FOOD	\$ _____
HOMEOWNER/RENTER INSURANCE	\$ _____
HOME MAINTENANCE EXPENSES	\$ _____
REAL ESTATE AND PERSONAL PROPERTY TAXES	\$ _____
HEALTH INSURANCE	\$ _____
HEALTH EXPENSES NOT COVERED BY INSURANCE	\$ _____
CHILD CARE	\$ _____
CHILD SUPPORT	\$ _____
CLOTHING	\$ _____
COLLEGE TUITION	\$ _____
OTHER LOAN PAYMENTS (STUDENT, PERSONAL)	\$ _____
LIFE/DISABILITY INSURANCE	\$ _____
RETIREMENT/SAVINGS/INVESTMENT	\$ _____
EXTRACURRICULAR ACTIVITIES	\$ _____
RECREATION	\$ _____
OTHER: _____	\$ _____
OTHER: _____	\$ _____
OTHER: _____	\$ _____
<b>TOTAL AMOUNT:</b>	<b>\$ _____</b>

- D. What expenses, not included above, do you pay to meet this child's special needs? These are expenses that you are not requesting additional financial assistance.

OTHER EXPENSES FOR THIS CHILD	AVERAGE MONTHLY AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL AMOUNT:</b>	<b>\$ _____</b>

**E. What expenses are you paying regularly for someone who does not reside in the home?**

NAME OF PERSON/EXPENSE	AVERAGE MONTHLY AMOUNT
	\$
	\$
	\$
<b>TOTAL AMOUNT:</b>	<b>*\$</b>

*\*Although not included in calculations, these expenses are taken into consideration during negotiation.*

**F. Calculations**

CALCULATION OF FAMILY CIRCUMSTANCES	AMOUNT
Item 1. Financial resources the family has available to support the child (B).	\$
Item 2. Expenses for the child and the family (C + D).	\$
Item 3. Subtract expenses for child from financial resources available. (Calculation line 1- Calculation line 2) = remaining funds available for this child.	\$

**SECTION IV: SIGNATURES**

**I/We understand the local department and Assistance Negotiator will use this information to assess and negotiate:**

- 1) the resources I/we will provide to care for this child; and**
- 2) the assistance I/we need to meet the child's needs.**

**I/We understand that the terms for assistance that the local department and I/we agree upon will be written in an addendum to the 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 and Assistance Negotiator related to decisions made on this addendum request. I/We received written information on the appeals process.**

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

**Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## ADDENDUM TO THE ADOPTION ASSISTANCE AGREEMENT

<b>Child's Name:</b>	<b>Date of Birth:</b>
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This addendum is to be used in conjunction with the Virginia Adoption Assistance Agreement that was effective on \_\_\_\_\_ between \_\_\_\_\_, the local department, and, \_\_\_\_\_, adoptive parent(s).

### Child's Documented Special Needs

This child has the following additional special need documented by a qualified professional and established by the local department (i.e., special need was not previously established and documented on the adoption assistance agreement or an addendum).

- ☐ 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 date of diagnosis. Child has:
- ☐ A physical, mental or emotional condition. Describe: \_\_\_\_\_
- ☐ Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. Describe: \_\_\_\_\_

### PROVISIONS OF ADDENDUM

This addendum is entered into for the purposes of assisting the parent(s) in providing care for this child and is binding on all parties. It adds terms to, and supersedes terms in, the existing adoption assistance agreement or addendum. All parties agree to the terms and provisions contained in this document.

**A. Types of Adoption Assistance.** Payments and services for adoption assistance on behalf of this child have been determined by mutual agreement between the parent(s) and the local department, as documented in this section.

**1. Monthly adoption assistance maintenance payment.**

- a. The source of funding for payments is: ☐ State funds or ☐ Title IV-E funds.
- b. The total maintenance payment in the chart below shall be made directly to the parent(s) on a monthly basis.

Adoption Assistance Maintenance Payments	Monthly Amount	Terms	
<input type="checkbox"/> Basic maintenance payment		From	To
<input type="checkbox"/> Enhanced maintenance payment		From	To
<input type="checkbox"/> Child care maintenance payment		From	To
<i>Total maintenance payment amount</i>			
<b>Additional terms:</b>			

**2. Special services to meet this child's documented special needs.**

The local department agrees to make special service payments, as identified in the chart below, from state funds to provide necessary services to meet this child's documented special needs.

## Special Services Payments

Type of Service	Payment made to	Maximum Monthly Payment	Terms	
			From	To
			From	To
			From	To
			From	To
<b>Additional terms:</b>				

**B. Medical Care.** The item checked below applies to this child:

- ☐ Medicaid benefits may be available through the State Plan for Title XIX because this child has a special medical or rehabilitative need that existed at the time the initial adoption assistance agreement was executed prior to the final order of adoption. This child's Medicaid eligibility is determined in accordance with procedures of the State where this child resides and may change over time due to changes in this child's income.

**C. Continuation of Adoption Assistance for Child beyond Age 18.**

The local department determined that this child has a condition that warrants continuation of adoption assistance beyond age 18. This child has the condition below, requires ongoing intervention, and continues to willingly cooperate and participate in ongoing treatment or intervention.

- ☐ A physical or mental disability that was present at the time of the adoption.  
Describe: \_\_\_\_\_
- ☐ A physical or mental disability that is related to a hereditary tendency, congenital problem, or birth injury. Describe: \_\_\_\_\_
- ☐ An educational delay resulting from an existing physical or mental disability that:  
☐ was present at the time of adoption. Describe: \_\_\_\_\_  
☐ is related to a hereditary tendency, congenital problem, or birth injury.  
Describe: \_\_\_\_\_

**OR**

**Fostering Futures Eligibility**

The local department determined that this child is ineligible for continuation of adoption assistance beyond age 18 based on the above special needs criteria. This child meets the Fostering Futures eligibility to continue adoption assistance beyond age 18 when the following occurs:

- ☐ The child's adoption assistance agreement became effective after the child reached the age of 16;

**And** The child meets at least one of the following conditions:

- ☐ Completing secondary education or GED  
☐ Enrolled at least half-time in a post-secondary or vocation education  
☐ Participating in a program or activity designed to promote employment or remove barriers to employment  
☐ Employed at least 80 hours per month  
☐ Incapable of engaging in any of the above activities due to a medical condition.

#### D. Effect of Addendum

The local department shall only provide payments and services after all parties have signed and dated this addendum.

- ☐ Adoption assistance shall end for the child who warrants continuation of adoption assistance beyond age 18 when the child no longer has the physical or mental disability, or the educational delay resulting from such disability; or the child no longer requires ongoing treatment or intervention.
- ☐ **The adoption assistance agreement shall continue until:**
- ☐ The date specified in the adoption assistance agreement.
- ☐ On \_\_\_\_\_ (date when the local department and parent(s) agree to a date prior to this child's 18<sup>th</sup> birthday).
- ☐ For this child who warrants continuation of adoption assistance beyond age 18.
- ☐ On \_\_\_\_\_ (date when the local department and parent(s) agree to a date prior to this child's 21<sup>st</sup> birthday); or
- ☐ On this child's 21<sup>st</sup> birthday \_\_\_\_\_ (date child turns age 21).
- ☐ For this child who warrants continuation of adoption assistance beyond age 18 by meeting the Fostering Futures criteria.
- ☐ On \_\_\_\_\_ (date child turns age 21); or
- ☐ On \_\_\_\_\_ (date agreed upon by the local department and parent(s) prior to the youth's 21<sup>st</sup> birthday).

#### Signatures and Dates

In completing and signing this addendum, all parties verify that they have read and understand this addendum. They certify that the information supplied herein is true, accurate, and complete to the best of their knowledge.

All parties agree to the provisions and terms documented in this addendum.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Department Representative's (Board Designee) Signature

\_\_\_\_\_  
Date