



# ARKANSAS DEPARTMENT OF HUMAN SERVICES

## Division of Children and Family Services

### Adoption Services

### Application for Adoption Subsidy

I (we) hereby apply to the Division of Children and Family Services for adoption subsidy for the following child(ren) with special needs:

Child's Full Adoptive Name	Child's Social Security #	Date of Birth
Child's Full Adoptive Name	Child's Social Security #	Date of Birth
Child's Full Adoptive Name	Child's Social Security #	Date of Birth

**CHECK THOSE THAT APPLY:**

- Initial Application       Amendment
- Continuation from 18 to 21 years of age (disability prevents independence from adoptive home)

**SUBSIDY IS REQUESTED FOR:**

- Monthly Maintenance
- Special Subsidy (Specify): \_\_\_\_\_
- Non-recurring Adoption Expense Subsidy  
**NOTE:** A nonrecurring payment is limited to \$1,500 per child. You must attach verification of expenses incurred or paid on or after January 1, 1987.  
(Specify) \_\_\_\_\_

I (we) understand and agree that an evaluation of eligibility for this subsidy will be made upon filing of this application and that if the subsidy is approved, a review of continued need will be made as necessary (for all but non-recurring adoption expense subsidy). [Act 99 of 1987 requires insurers to cover adoptive children from the date of the filing of the petition for adoption (retroactive to birth if the petition is filed within 60 days of the child's birth).]

**I (We) certify that all of the information contained in this declaration is true and correct to the best of my (our) knowledge and belief and that the child continues to be dependent upon me (us).**

Adoptive Parent 1's Signature	Social Security #	Date		
Adoptive Parent 2's Signature	Social Security #	Date		
Street/P.O. Box Address	City	State	Zip	Telephone Number
Adoption Specialist's or Adoption Agency Representative's Signature				Date

Return to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_