

FINANCIAL RESOURCES: (continued)

B. Annual income, if any for whom subsidy requested other than money received from the Division of Children and Family Services. \$ _____

Source:

C. List your savings, stocks, bonds, investments, dividends, etc.:

EXPENSES:

List your debts, monthly payments, household expenses, etc.:

MEDICAL INSURANCE:

A. Name and address of insurance company:

B. Type and amount of coverage (medical and hospitalization):

C. Does the insurance cover any pre-existing conditions, which the adoptive child(ren) may have? Yes ___ No ___

D. If yes, please explain:

Adoptive Parent 1's Signature Date

Adoptive Parent 2's Signature Date

Return to: _____

