ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name _____

Adoptive Parent(s)'s Address _____

I (we), adoptive parents of _____ _____ _____
Child's Full Adoptive Name **Social Security Number** **Date of Birth**

Reason/Special Needs:

☐ Serious Physical/Mental/Emotional Condition

☐ Child at Risk of Serious Physical/Mental/ Emotional Condition

☐ Age

☐ Race

☐ Member of a Sibling Group

☐ Other (Specify)

_____

This Agreement will be effective **UPON FINALIZATION** and remain in effect until the child's eighteenth (18th) birthday, or unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Termination) of this Agreement.

_____
Date of Adoption Finalization

☐ Amended Agreement: This amends the Adoption Assistance Agreement for the child adopted on _____
Date

This Agreement will be effective _____ and remain in effect until _____
Date **Date**

PROVISIONS OF AGREEMENT

I. Monthly Maintenance Subsidy

Monthly Payments of $ _____ for _____ months

$ _____ for _____ months

Sub-Total $ _____

II. Special Subsidy (specify)

Sub-Total $_____ TOTALS $_____

III. I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant changes.

I (we) agree to notify the Division if post-adoption services are needed. _____ _____
(Initial and Date)

I (we) will not under any circumstances place the child(ren) with another family for any reason (e.g., rehoming prohibited). _____ _____
(Initial and Date)

IV. Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

A subsidy will be discontinued when:

(a) The child reaches the age of eighteen;
(b) The subsidy benefits are provided by other state or federal programs;
(c) The child dies;
(d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or
(e) The family is no longer legally responsible for providing care and support for the adoptive child.

V. **If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at least ten days prior to the move.** _____ _____
(Initial and Date)

VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of residence.

VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to continue. Medicaid coverage associated with the adoption subsidy will end when the subsidy case is closed. The child may qualify for other categories of Medicaid if certain eligibility criteria are met. However, once the adoption subsidy case is closed, it is the responsibility of the child/child's family to apply for other categories of Medicaid at their local DHS county office via the Division of County Operations. Medicaid coverage through the local DHS county office is not guaranteed.

VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable by any and all of these parties.

IX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in accordance with the state's hearing and appeal process.

X. For **special subsidies**, this Agreement will be in effect for no longer than 12 months. If a modification should occur sooner, a new Agreement will be entered.

SUBSIDY NOTE:

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be retroactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

By: _____ _____

Director, Division of Children and Family Services **Date**

_____ _____

Adoptive Parent 1's Signature **Date**

_____ _____

Adoptive Parent 2's Signature **Date**

A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on _____

Date

INSTRUCTIONS
CFS-428A
Adoption Assistance Agreement for State Funded Subsidy Payments

PURPOSE -
To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

COMPLETION -
1. The Adoption Subsidy Coordinator fills out the CFS-428-A.
2. Insert the adoptive parent(s) name(s) and address.
3. Insert the adoptive child's full name, social security number and date of birth.
4. Insert the date on which the adoption was finalized.
5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
6. Insert the starting and ending dates for this agreement.
7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
8. At numbered item 2, insert a brief justification for the subsidy.
9. Read all the information in numbered items 3 – 10 carefully.
10. The adoptive parent (s) will sign and date the form.
11. The DCFS Director or his/her designee will sign and date the form.
12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

ROUTING –
1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.