



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

Adoption Assistance Agreement for Federal IV-E Funded Assistance

The following Agreement has been entered into by and between:

Arkansas Department of Human Services, Division of Children and Family Services, P.O. Box 1437, Little Rock, Arkansas 72203

(Adoptive/Adopting Parent's or Parents' Full Names)

(Address)

(Telephone #)

Hereafter called the "adoptive parent(s)," for the purpose of facilitating the legal adoption of and:

(Child's Full Adoptive Name)

(Social Security Number)

(Date of Birth)

to aid the adoptive family in providing proper care for this child, hereafter referred to as "the child" in this Agreement.

This document is the:

Initial Agreement: The prospective adoptive parent(s) agree(s) that he/she intends to adopt the child and has signed this document prior to finalization of the adoption for the purposes of receiving adoption assistance payments and/or services for the child under Titles XIX and XX from the time of placement.

Reason/Special Needs (select all that apply):

- Reason/Special Needs (select all that apply):
- 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 Finalization)

Amended Agreement: This is an amendment of the Adoption Assistance Agreement for the child adopted on (Date)

This Agreement will be effective Date and remain in effect until Date.

PROVISIONS OF AGREEMENT

I. Assistance

A. Monthly Cash Payment: Yes No
\$ For months and \$ for months

Yearly Total \$

The amount of this monthly cash payment (adoption assistance) is based on the needs of the child and the circumstances of the adoptive parent(s) and has been determined by mutual Agreement between the adoptive parent(s) and the Division. The amount of the payment cannot exceed the foster care maintenance payment for the child if he/she were in a foster family home in the State of Arkansas. Adjustments in cash assistance payment may be made with the concurrence of the adoptive parent(s) based upon changes in the needs of the child, changes in the circumstances of the adoptive family, or changes in the maximum allowable adoption assistance payment. Documentation of changes in the child's needs or family's circumstances may be required.

**Subsidy Note:**

Children at high risk for the development of a serious physical, mental, 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.

**B. Medical Care**

1. Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the child in accordance with the procedure of the State in which the child resides.
2. Medical payments will be provided by the State of Arkansas for (specify condition, illness, treatment, etc.)

\_\_\_\_\_ if not provided by Title XIX, regardless of the State in which the child lives.

Total cost of treatment \$ \_\_\_\_\_

3. Procedures for meeting cost of medical care, including consideration of family's health insurance [Arkansas Act 99 of 1987] requires insurers to cover adoptive children from the date of the filing of the petition if the petition is filed within 60 days of the child's birth]. \_\_\_\_\_

**C. Social Services**

1. Social Services as provided under Title XX of the Social Security Act will be available to the child in accordance with the procedures of the State in which the child resides.
2. Social Services will be provided by the State of Arkansas, if not provided by Title XX, regardless of the State in which the child resides.
3. How to access Title XX services: **Contact your local Department of Human Services county office.**

**D. Procedures to be followed when moving from the State of Arkansas.**

Adoptive parents must follow these procedures in order to receive adoption assistance medical care and social services when moving to or living in a state other than Arkansas. (Arkansas is a member of the Interstate Compact on Adoption and Medical Assistance.)

Medical Care -

1. **At least ten (10) days prior to the planned move the adoptive family should contact their Adoption Specialist.**

\_\_\_\_\_ (Initial and Date)

2. Upon arrival in the new resident state contact the local state Medicaid office to surrender the Medicaid card issued by the State of Arkansas and make application for Medicaid in the new resident state. Take a copy of this Agreement with you.

Social Services -

1. Contact the state agency responsible for the provision of social services in your new resident state. Take a copy of this Agreement with you.

**II. Notification of Change**

- A. The adoptive parent(s) will notify the Division, in writing, within five (5) days if parent(s) is/are no longer legally responsible for the support of the child or is/are no longer supporting the child. A written statement is required.
- B. The amount of the subsidy may be adjusted automatically due to increases in age of the child. These are system-generated adjustments and no notice will be sent.
- C. The adoptive parents will provide the Division of Children and Family Services with statements of their finances, circumstances, and /or the child's circumstances: (a) upon request; and (b) in the event of significant changes.
- D. The adoptive parent(s) will notify the Division of changes of address at least ten (10) days prior to the move.

- E. **The adoptive parents will notify the Division if post-adoption services are needed.** \_\_\_\_\_ (Initial and Date)

- F. **The adoptive parents will not under any circumstances place the child(ren) with another family for any reason (e.g, rehoming prohibited).** \_\_\_\_\_ (Initial and Date)

**II. Termination**

Termination will occur in any of the following circumstances:

- A. This Agreement will terminate upon the conclusion of the terms of this Agreement.
- B. This Agreement will terminate upon the adoptive parent’s/parents' request.
- C. Adoption assistance payments will terminate when the child reaches the age of 18. Adoption assistance may be provided until the child is 21 years of age if the child has a mental or physical disability, which warrants continuation.
- D. This Agreement will terminate upon the child's death. (The adoptive parent must notify the Division if a change occurs.)
- E. This Agreement will terminate upon the death of the adoptive parent(s) of the child (one in a single parent family and both in a two-parent family). (The adoptive parent must notify the Division if a change occurs.)
- F. This Agreement will terminate at the cessation of legal responsibility of the adoptive parent(s) for the child. (The adoptive parent must notify the Division if a change occurs.)
- G. This Agreement will terminate if the Division determines that the child is no longer receiving support from the adoptive parent(s). (The adoptive parent must notify the Division if a change occurs.)
- H. 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.

**IV. Appeal**

Adoptive parent(s) may appeal the Division's decision to reduce, change or terminate adoption assistance in accordance with rules and procedures of the State's hearing and appeal process. Information may be requested from the **Department of Human Services, Division of Children and Family Services, Adoption Services Unit, P.O. Box 1437, Little Rock, Arkansas, 72203-1437.**

This Agreement shall remain in effect regardless of the State in which the adoptive parent(s) are residents at any given time.

This Agreement will expire on the child's 18th birthday unless termination occurs as a result of one or more of the conditions set forth in Section IV, Termination.

Effective date for Titles XIX and XX: **UPON FINALIZATION**

\_\_\_\_\_  
Director’s Signature  
Division of Children and Family Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Parent 1’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Parent 2’s Signature

\_\_\_\_\_  
Date

Signed copy of the Adoption Assistance Agreement given/sent to adoptive parent(s) on \_\_\_\_\_  
Date