



**Arkansas Department of Human Services
 Division of Children & Family Services
 Adoption Assistance Agreement
 For Non-Recurring Adoption Expense Payment**

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, hereafter called the "division" and

 (Adoptive/Adopting Parent(s)' Full Name(s))

 (Address) / _____
 (Telephone #)

hereafter called the "adoptive parent(s)" for

 (Child's Full Adoptive Name) Social Security Number _____ Date of Birth _____
 (Date)

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

The prospective adoptive parent(s) agrees that he/she intends to adopt or has adopted the child and has signed this document for the purposes of receiving non-recurring adoption assistance payments.

PROVISIONS OF AGREEMENT

I. Assistance

- A. Non-recurring Adoption Expenses (For expenses incurred or paid on or after January 1, 1987. Payment limited to \$1,500 per child.)

List specific items and cost of each:

II. Notification of Change

- A. The adoptive parent(s) will notify the division, in writing, within five (5) days if parent(s) is no longer legally responsible for the support of the child or is no longer supporting the child.
- B. Adoptive parents will notify the division of changes of address at least ten (10) days prior to the move.

III. 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) request.
- C. This Agreement will terminate at the cessation of legal responsibility of the adoptive parent(s) for the child.
- D. This Agreement will terminate if the division determines that the child is no longer receiving support from the adoptive parent(s).

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.**

This Agreement shall remain in effect regardless of the State in which the adoptive parents are residents at any given time.

Total amount authorized for payment \$ _____

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 for non-recurring adoption assistance payment given/sent to adoptive parent(s)/ agency on _____.
(Date)