



# Arkansas Department of Human Services

## Division of Children and Family Services

Central Office Adoptions Unit

P.O. Box 1437, Slot S565

Little Rock, AR 72203-1437

### CERTIFICATION OF ADOPTION SUBSIDY ELIGIBILITY

| CHILDREN'S NAMES | BIRTHDATE | DATE OF FINALIZATION |
|------------------|-----------|----------------------|
| 1.               |           |                      |
| 2.               |           |                      |
| 3.               |           |                      |
| 4.               |           |                      |
| 5.               |           |                      |
| 6.               |           |                      |
| 7.               |           |                      |
| 8.               |           |                      |
| 9.               |           |                      |
| 10.              |           |                      |

I, (we) \_\_\_\_\_ adopted the above named child(ren) as indicated.  
Print adoptive parent's name(s)

The child(ren) remains under my care and the original condition(s) that resulted in the child(ren) being certified for an adoption subsidy continues to exist. YES \_\_, NO \_\_

#### THE FOLLOWING SIGNATURES MUST BE COMPLETED IN THE PRESENCE OF A NOTARY

A. Signature of Adoptive Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

B. Signature of Adoptive Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

#### THIS SECTION MUST BE FILLED OUT AND STAMPED BY THE NOTARY

Subscribed and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

NOTARY

Printed name of Notary \_\_\_\_\_

Signature of the Notary \_\_\_\_\_

#### IMPORTANT

This certification of eligibility must be completed and returned to the Arkansas Division of Children and Family Services within ten (10) working days of the date on the accompanying cover letter.