

**CHECKLIST FOR LEGAL ONLY INITIAL ADOPTION SUBSIDY PACKET**

Child's Full Adoptive Name: Click here to enter text.

Child's Birth Name: Click here to enter text.

Court Date: Click here to enter text.

Case Number: Click here to enter text.

**THE FOLLOWING DOCUMENTS AND INFORMATION (CHECKED) ARE ATTACHED:**

- I have determined that this child's removal was not due to Garret's Law.
- Signed Order Terminating Parental Rights and Granting to the Arkansas Department of Human Services and the Power to Consent to Adoption     MOTHER     FATHER
- Adoption Subsidy Profile
- CFS-425 Application for Adoption Subsidy
- CFS-427 Determination of Eligibility for Adoption Subsidy

SUBMITTED BY: \_\_\_\_\_  
ADOPTION SPECIALIST SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

**MY SIGNATURE INDICATES THAT I HAVE CHECKED AND PROVIDED ALL DOCUMENTATION REQUIRED TO PROCESS A SUBSIDY.**

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**Central Office Use Only**

APPROVED

DENIED

TABLED

Approved by: \_\_\_\_\_  
Subsidy Coordinator

\_\_\_\_\_  
Date