

POST ADOPTION CHECKLIST FOR 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:

- Signed Petition for Emergency Custody
- Signed Emergency Custody Order
- Signed Order Terminating Parental Rights and Granting to the Arkansas Department of Human Services and the Power to Consent to Adoption **MOTHER** **FATHER**
- Signed Adoption Decree
- Adoption Subsidy Profile /Family Profile **(THERE SHOULD BE A PARAGRAPH ON EVERY HOUSEHOLD FAMILY MEMBER)**
- Narrative **(THIS IS A LETTER THAT IS TO BE COMPLETED BY THE PARENTS EXPRESSING WHY THEY ARE REQUESTING A SUBSIDY.)**
- Documentation to Support Child’s Special Needs
- DHS/DCFS Adoption Selection Form and documentation of the agency’s efforts
To place without subsidy **(FOR NON FOSTER-PARENT SELECTIONS ONLY)**
- CFS-304 Justification for Levels of Care Special Board Rate Form, & supporting documentation, **(IF APPLICABLE)**
- CFS-488 Eligibility Summary **(COMPLETED AT THE TIME THE CHILD ENTERED FOSTER CARE DOCUMENTING ELIGIBILITY CATEGORY)**
- Non IV-E Medicaid / Attach documentation that specifically meets the Medical Service Policy 6590.2, **(IF APPLICABLE)**
- Copy of Original Notice of Child’s SSI Eligibility **(IF APPLICABLE)**
- 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.

Central Office Use Only

APPROVED

DENIED

TABLED

Approved by: _____

Subsidy Coordinator

Date