

CHECKLIST FOR **AMENDED 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 Adopted Decree
- NEW** Adoption Subsidy Profile (Narrative Must Address Special Needs)
- Documentation to Support Child’s Special Needs
- 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)
- CFS-425 **NEW** Application for Adoption Subsidy
- CFS-427 **NEW** 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