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**

☐ Adoption Subsidy Profile

☐ 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**

(Rev 08/18)