DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

# Adoption Support Program Application Checklist

DATE RECEIVED BY ADOPTION SUPPORT

| CHILD'S NAME | ADOPTIVE FAMILY'S NAME | SSPS ID |
|---|---|---|

| ADOPTIVE FAMILY'S EMAIL | ADOPTIVE FAMILY'S TELEPHONE NUMBER(S) |
|---|---|

| DCYF STAFF'S NAME | DCYF STAFF'S EMAIL ADDRESS |
|---|---|

| DCYF STAFF'S TELEPHONE NUMBER | FAMILY'S PRIMARY LANGUAGE | INTERPRETIVE SERVICES NEEDED ☐ Yes ☐ No |
|---|---|---|

Has this family previously adopted: ☐ Yes ☐ No ☐ In state ☐ Out of state ☐ Internationally

NAME OF TITLE IVE SPECIALIST

NAME OF SSI WORKER

| **Email Documentation** | **DCYF FamLink Documentation ** (see note below)** |
|---|---|
| ☐ **Application for the Adoption Support Program and / or Reimbursement of Adoption Finalization Costs, DCYF 09-998.** Signed and dated by the adoptive parents. <br> ☐ **Adoption Support Worksheet, DCYF 09-997.** Signed and dated by the adoptive parents. <br> ☐ **IRS 1040 Federal Income Tax Return** (most current copy). If the family is exempt from filing an IRS 1040, enclose a financial statement listing current income and source, signed and dated by the adoptive parent(s). | ☐ **Adoptive Home Study** entered in FamLink or private agency home study uploaded into the FamLink Provider File. ** <br><br> ☐ **Child's special needs verification/or at Risk Statement**** Documented in Health / Mental Health /Education pages uploaded as adoption support in FamLink. <br><br> ☐ **Child's Birth Certificate**** uploaded In FamLink or DCYF/DOH verification. <br><br> ☐ **Child's Social Security Card**** uploaded in FamLink or written verification from Social Security Administration or ACES. <br><br> ☐ **Termination of Parental Rights**** for mother, father and/or John Doe as documented in FamLink / Legal. <br><br> ☐ **Shared Planning Meeting**** DCYF 14-474 (FamLink verification). <br><br> ☐ **Child's Medical and Family Background**, ** DCYF 13-041 minus the attachments. Signed copy that is uploaded in FamLink. <br><br> ☐ **Adoption Support Child Registration, DCYF 10-061.** <br> ** Any special needs checked on the application should be supported by documentation for eligibility purposes <br> ** For Private Agency / Tribal Adoptions / and Second IVE Adoptions, email or paper documentation is acceptable. |

Attach to Adoption Support Packet.