



## Extended Adoption Support Application

YOUTH'S NAME
DATE OF BIRTH

Youth who were adopted from foster care after their 16<sup>th</sup> birthday may be able to qualify for extended adoption support benefits if they are enrolled in high school, a post-secondary academic or vocational program, participating in a job training program or activity designed to remove barriers for employment, employed more than 80 hours per month, or has a documented medical condition that prevents participation in the first four criteria. To qualify for extended adoption support benefits, the youth must receive financial support from their adoptive parents.

**Please complete this form, as well as submit documentation of your participation in one of the categories listed above.**

COMPLETE APPROPRIATE CATEGORY		
<input type="checkbox"/> Secondary (High School)	NAME OF PROGRAM	ANTICIPATED COMPLETION DATE
<input type="checkbox"/> Post-Secondary (College / Vocational)	NAME OF PROGRAM	ANTICIPATED GRADUATION DATE
<input type="checkbox"/> Job Training or Activity	NAME OF PROGRAM / ACTIVITY	ANTICIPATED COMPLETION DATE
<input type="checkbox"/> Employment (80+ hours per month)	EMPLOYER'S NAME	
<input type="checkbox"/> Medical Condition	Please provide medical documentation.	
Does youth anticipate enrolling in a different qualified program after completing current program? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, what type of program and where does youth anticipate enrolling:		
<b>Other factors may also affect a child's eligibility for extended adoption support benefits, please answer the following questions and report any changes that may occur:</b>		
Does youth receive any social security benefits?	Is youth married? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, please identify the type and amount of benefit:	Is youth in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Will youth be applying for food stamp or welfare benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>To be completed by youth:</b> I understand that to qualify for extended adoption support benefits I must continuously be enrolled in a secondary, post-secondary, job training program or activity designed to remove barriers for employment, employed more than 80 hours per month, or have a documented medical condition that prevents me from participating in one of these categories <u>and</u> that I must be receiving financial support from my adoptive parent(s). I have reviewed the information above and agree that it is accurate. I also agree to report any changes in my status to the adoption support program within 30 days.		
YOUTH'S SIGNATURE		DATE OF SIGNATURE
YOUTH'S PHONE NUMBER	YOUTH'S EMAIL ADDRESS	
<b>To be completed by parent(s):</b> I understand that to qualify for extended adoption support benefits my child must continuously be enrolled in a secondary, post-secondary, job training program or activity designed to remove barriers for employment, employed more than 80 hours per month, or have a documented medical condition that prevents them from participating in one of these categories <u>and</u> that my child must continue to receive financial support from me. If I stop providing financial support or my child discontinues participation in their qualifying program I must report that immediately. I understand if I fail to report changes to my child's circumstances within 30 days an overpayment may be issued.		
ADOPTIVE PARENT'S SIGNATURE	DATE	PRINT ADOPTIVE PARENT'S NAME HERE
ADOPTIVE PARENT'S SIGNATURE	DATE	PRINT ADOPTIVE PARENT'S NAME HERE
ADOPTIVE PARENT'S ADDRESS		
ADOPTIVE PARENT'S PHONE NUMBER	ADOPTIVE PARENT'S EMAIL ADDRESS	

*In order for us to determine your child's eligibility for extended adoption support benefits, you must return this form along with current documentation of your child's enrollment or participation in one of the indicated categories.*

**High School** - If your child is currently enrolled in a high school program, please provide a statement from your child's high school indicating their current enrollment status and anticipated graduation date. We will require an updated statement annually.

**Post-Secondary Program** - If your child is currently enrolled in a post-secondary program, please provide a copy of their current course schedule from their academic or vocational institution. If they have been accepted to college, and intend to attend in the fall, but have not yet had the opportunity to register for classes please submit a copy of their acceptance letter. As soon as they have registered for classes please submit a copy of their class schedule to us. We will require an updated copy of their course schedule and grade report each term.

**Job Training Program/Activity** - If your child is currently participating in a job training program or activity, please provide a letter from their current program verifying their participation and anticipated duration. Updated verification will be requested every 3 months.

**Employed at least 80 hours per month** – If your child is currently employed at least 80 hours per month, please provide a letter from their current employer verifying their employment, as well as whether it is a permanent or temporary position.

**Medical condition** – If your child is unable to participate in any of these activities due to a medical condition. Please provide documentation from a doctor that indicates your child's medical condition and specifically states that due to this condition they are unable to attend any type of schooling, training, or employment related activity and whether the condition is permanent.