

## SPECIAL CHILDREN ADOPTION FUND REIMBURSEMENT FORM

<b>COUNTY/AGENCY</b>	<b>PREPARER</b>	<b>PREPARER'S TELEPHONE NUMBER</b> (    )	<b>PREPARER'S E-MAIL ADDRESS</b>
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Child's Information			DSS-5095 SIS Identification Number	If partnership, give name of Agency/ DSS	Was Child included in Statewide Contract?		Date of Decree of Adoption	Amount of Payment Received from Other Source(s)	Payment Amount Requested	Child's Special Needs
Name	Age	Race			YES	NO				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

**CERTIFICATION:** I certify that the above adoption services were provided in compliance with Special Children Adoption Fund guidelines and have been documented as required.

Signature of Authorized Official: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING SPECIAL CHILDREN ADOPTION FUND REIMBURSEMENT FORM**

<b>County/Agency</b>	Enter the name of the county department of social services or private agency.
<b>Preparer</b>	Enter the name of the individual preparing the DSS-5320.
<b>Preparer's Telephone Number</b>	Enter the area code and telephone number of the individual preparing the DSS-5320.
<b>Preparer's Email Address</b>	Enter the email address of the individual preparing the DSS-5320.
<b>Name</b>	Enter the adoptive name of the child for whom you are requesting payment.
<b>Age</b>	Enter the age of the child for whom you are requesting payment.
<b>Race</b>	Enter one of following codes: <b>AI</b> – American Indian; <b>AN</b> – Alaskan Native; <b>A</b> – Asian; <b>AA</b> --- African American; <b>NH</b> – Native Hawaiian or Pacific Islander; <b>W</b> – White, <b>U</b> --- Unable to Determine
<b>SIS Identification Number</b>	Enter the child's SIS identification number from the DSS-5095.
<b>Partnership</b>	Enter the name the agency assisting in the adoption process for the child, if any.
<b>State Contract</b>	Enter <b>"YES"</b> , if you have received payment for this child under another State contract. Enter <b>"NO"</b> , if you have not received any payment under another State contract for this child.
<b>Date of the Decree of Adoption</b>	Enter the date the Decree of Adoption (DSS-1814) was filed.
<b>Amount of Reimbursement Received from Other Sources</b>	Enter the amount of payment received by agency for adoption services from any other sources (i.e., payment from family, DSS, State Contract, etc.)
<b>Amount of Payment Requested</b>	Enter the payment rate based on child's age, sibling status, or partnership with another agency.
<b>Child's Special Needs</b>	Enter the child's special needs.