

INSTRUCTIONS FOR COMPLETING ADOPTION PROMOTION FUND REIMBURSEMENT FORM

Name of Agency	Enter the name of the agency requesting reimbursement.
Name of Preparer	Enter the name of the individual preparing the Adoption Promotion Fund Reimbursement Form.
Preparer's Telephone	Enter the area code and telephone number of the individual preparing the Adoption Promotion Fund Reimbursement Form.
Preparer's Email	Enter the email address of the individual preparing the Adoption Promotion Fund Reimbursement Form.
Name	Enter the adoptive name of the child for whom you are requesting payment.
Custodial County Number	Enter the county number of the department of social services that had legal custody of the child.
Age	Enter the age of the child for whom you are requesting payment.
Race	Enter one of following codes for the child's race: AA --- African American; C -- Caucasian, H — Hispanic; O --- Other
SIS Identification Number	Enter the child's SIS identification number as it appears on the DSS-5095.
Date of the Decree of Adoption	Enter the date the Decree of Adoption (DSS-1814) was filed.
Shared Placement	If two agencies worked together to complete this adoption, give the name of the other agency.
Amount of Payment Received From Other Source(s)	Enter the amount of payment you received from other sources for the provision of adoption services to facilitate this adoption.
Amount of Payment Requested	Enter the amount of payment being requested under the Adoption Promotion Program Fund. NOTE: <i>Total payments received from ALL sources cannot exceed to payment level for the child under this program.</i>
Child's Special Needs	Enter child's special needs. (ie, teenager, siblings, ADHD, cerebral palsy, etc.)