

PERFORMANCE BASED ADOPTION PROMOTION SERVICES REIMBURSEMENT FORM

CONTRACT NUMBER			NAME OF CONTRACTOR						MONTH/YEAR OF SERVICE		
Child's Information			DSS-5095 SIS Identification Number	Race of Placement Resource	Placement Resource (Check One)			Date of Adoptive Placement	Date of Decree of Adoption	Payment Amount Requested	Child's Special Needs
Name	Age	Race			Relative	Foster Family	Recruited Family				
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
TOTAL											

CERTIFICATION: I certify that the above adoption services were provided in compliance with approved contact guidelines and have been documented as required by grantor policy.

Signature of Authorized Official: _____ Print Name: _____

Title _____ Date: _____

Email: _____ Telephone: (____) _____

INSTRUCTIONS FOR COMPLETING PERFORMANCE BASED ADOPTION PROMOTIONS SERVICES REIMBURSEMENT FORM

Contract Number	Enter the Contract number and State Fiscal Year.
Name of Contractor	Enter the name of the Contractor.
Month/Year of Service	Enter the Month and year of service for which you are requesting reimbursement.
Name	Enter the name of the child for whom you are requesting payment.
Age	Enter the age of the child for whom you are requesting payment.
Race	Enter one of following codes for the child: AI – American Indian; AN – Alaskan Native; A – Asian; AA --- African American; NH – Native Hawaiian or Pacific Islander; W – White, U --- Unable to Determine
SIS Identification Number	Enter the child’s SIS identification number from the DSS-5094 for a pre-adoptive child or DSS-5095 for an adoptive child.
Race of Placement Resource	Enter one of following codes for the placement resource: AI – American Indian; AN – Alaskan Native; A – Asian; AA --- African American; NH – Native Hawaiian or Pacific Islander; W – White, U --- Unable to Determine.
Placement Resource	Check the block for “relative”, “foster family” or” recruited family”.
Date of the Adoptive Placement	Enter the date the adoption committee approved the prospective adoptive family for the child.
Date of the Decree of Adoption	Enter the date the Decree of Adoption (DSS-1814) was filed.
Amount of Payment Requested	Enter the payment rate for adoptive placement or Decree of Adoption.
Child’s Special Needs	Enter the child’s special needs.