

**ADOPTION ASSISTANCE  
PAYMENT AUTHORIZATION NOTICE**

TO: Financial Officer of Other Designated Person

FROM: \_\_\_\_\_

SUBJECT: Approval for Payment of Expenses under  
Adoption Assistance N.C.G.S. 108A-50

Child's Name
County Case Number
SIS Identification Number
Date

**ATTACHED PLEASE FIND:**

- 1. A voucher for services for the above-named child who is covered by Adoption Assistance. We have reviewed the voucher and request that you authorize a check in full payment to the provider listed on the attached statement.
  
- 2. A voucher for services for the above-named child who is covered by Adoption Assistance. We have reviewed the voucher and find that only \$ \_\_\_\_\_ of the claim qualifies for coverage under Adoption Assistance. Please prepare a check in this amount to the provider listed on the attached statement.