

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

**SPECIAL CHILDREN ADOPTION INCENTIVE FUND**

**REQUEST FOR PAYMENT**

Department of Social Services responsible for Adoption Assistance: \_\_\_\_\_

Signature of Director or Designee: \_\_\_\_\_

CHILD INFORMATION															
SIS IDENTIFICATION NUMBER										LAST NAME			FIRST NAME		MI

PAYMENT AMOUNT <i>OVER</i> STANDARD ADOPTION ASSISTANCE RATE							
M		EFFECTIVE DATE			MONTHLY AMOUNT		
M		M	Y	Y			
		-					

PAYEE INFORMATION															
FIRST NAME			MI	LAST NAME				SOCIAL SECURITY NUMBER							
										-		-			
ADDRESS															
CITY							STATE			ZIP CODE					

**SUBMIT FORM TO:**                      **FAMILY SUPPORT AND CHILD WELFARE SERVICES**  
**Foster Care/Adoption Policy Team**  
**2409 Mail Service Center**  
**Raleigh, NC 27699-2409**