

ADDENDUM REQUEST TO THE ASSISTANCE AGREEMENT

LDSS:

Child's Name:

Child's Date of Birth:

Type of Agreement: Adoption Kinship Guardianship

Parents use this form to request a change to their existing adoption or kinship guardianship assistance agreement. For adoption assistance special service payments to be made, an addendum must be executed prior to the commencement of services.

SECTION I: ADDENDUM REQUEST

A. Describe the changes in this child's special needs, if any.

B. Describe the changes in the family's circumstances, if any.

C. Indicate the services, their cost, and the frequency/duration which are being requested. Include the amount you are able to contribute to the cost of services (adoption only).

Service requested	Assistance requested	Parent contribution	Total Monthly Cost	Frequency (ie. hrs per wk, one-time)	How long (From date – To date)
<i>Ex. Psych eval</i>	<i>\$2000</i>	<i>\$500</i>	<i>\$2500</i>	<i>One time</i>	<i>1/1/17-3/1/17</i>

Additional Comments:

If a new VEMAT was conducted, indicate monthly additional daily supervision payment requested _____.

If this is a request to extend the agreement, indicate the following:

Date of the youth turns 18: _____

What aspects of the agreement are you requesting to extend? Describe below:

D. Child Care (adoption only)

Are you requesting child care for a child age 0-12? Yes No

Are you (or both parents) working or attending college classes when the child is not in school? Yes No

Will the child be enrolled in a licensed child care facility? Yes No

Amount requested: Full time child care (cannot exceed \$600 monthly): _____

OR

Part time child care (cannot exceed \$300 monthly): _____

E. Please attach professional documentation/recommendation for each service requested (adoption only).

For requests to continue assistance for an existing service, recent documentation from the current provider must be included to indicate progress and recommendations.

If documentation is not included, please explain.

F. Indicate what other resources you have explored to meet the special need that the requested service will address. Include the use of Medicaid and private insurance. Please attach documentation, such as Medicaid denials, if applicable (adoption only).

SECTION II: FAMILY CIRCUMSTANCE

A. How many people do you financially support on an ongoing basis? For example, children in foster care, adopted children, young adults in college, and an elderly person not living in the home. Do **not** count this child.

People you financially support	Number
Living in your home	
Children up to age 21 not living in your home	
Total	
Other people not living in your home	

B. What financial resources do you receive/earn on a regular basis? Include employment earning, child support, social security, foster care payment, and adoption assistance payments.

Complete for each parent in the home.

Name of Parent 1: _____

Financial Resources	Average Monthly Amount
Earned income (e.g. adjust gross income from federal tax return divided by 12)	
Other:	
Other:	
Other:	
Total Amount	

Name of Parent 2: _____

Financial Resources	Average Monthly Amount
Earned income (e.g. adjust gross income from federal tax return divided by 12)	
Other:	
Other:	
Other:	
Total Amount	

C. What additional financial resources will this child be eligible for when you adopt or obtain custody of this child? For example, a trust fund or social security benefits.

Additional Financial Resources/Benefits for Child	Average Monthly Amount
Total Amount	

D. What expenses do you pay on a regular basis? If amount is unknown, provide a reasonable estimate.

Type of Expenses	Average Monthly Amount
Mortgage/rent	
Utilities (e.g. electricity, water, sewer, gas)	
Telephone/cell phone	
Car expenses (e.g. loan payment, insurance, gas)	
Food (e.g. groceries)	
Homeowner/renter insurance	
Home maintenance expenses	
Real estate and personal property taxes, not included in mortgage	
Health insurance	
Health expenses not covered by insurance (e.g. medical, dental, behavioral health)	
Child care costs	
Child support payments	
Clothing	
College tuition	
Other loan payments (e.g. student loans, personal)	
Life/disability insurance	
Retirement/savings/investments	
Charities	
Extracurricular/vacation	
Recreation	
Other:	
Other:	
Other:	
Total Amount	

E. What ongoing expenses for this child, not identified above, do you need to pay in order to meet this child's needs? You are not requesting adoption/kinship guardianship assistance for these expenses.

Other Expenses for this Child	Average Monthly Amount
Total Amount	

F. What expenses are you paying on a regular basis for other people not living in the home? For example, include elderly parents.

Name of the Person/Expense	Average Monthly Amount
Total Amount	

G. Calculations

Calculations on Family Circumstances	Amount
1. Financial resources the applicant has available to support this child (B + C)	
2. Expenses for child as a member of the applicants' family based on their current lifestyle and future plans and any other expenses to meet child's needs (D + E + F)	
3. Subtract expenses for child from financial resources available for this child (Calculation line 1 – Calculation line 2) = remaining funds available for this child	

SECTION III: SIGNATURES

I/We understand the local department and Adoption Negotiator will use this information with you to assess and negotiate: 1) the resources I/we will provide to care for this child; and 2) the assistance I/we need to adopt or obtain custody and meet the child's needs.

I/We understand that the terms for assistance that the local department and I/we agree upon will be written in an addendum to the assistance agreement that will be signed and binding by all parties.

I/We understand that I/we have the right to appeal the assistance decisions made by the local department and Adoption Negotiator related to decisions made on this addendum request. I/We received written information on the appeals process.

By signing this addendum request, I/we certify that the information on this signed addendum request is true, accurate, and complete to the best of my/our knowledge.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____