# ADOPTION ASSISTANCE NARRATIVE

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: **\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, County Director/ Designee

From: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Re: Initial Adoption Assistance Application – Narrative**

**I. Adoption Description**

(Check appropriate box)

\_\_\_\_\_Child is in DFCS permanent custody and placed in an approved adoptive resource

\_\_\_\_\_ Child was transferred from DFCS custody into the custody of specified relative/individual for the Purpose of Adoption by the Juvenile Court

\_\_\_\_\_ Private/Non-DFCS-involved adoption - Child to be adopted outside of DFCS custody (Juvenile Court did not transfer custody “for the purpose of adoption” from DFCS)

## II. Adoptive Parent Information

Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relative Placement? \_ \_\_\_\_\_\_\_\_\_ \_ Relative Care Subsidy? \_\_\_\_\_\_\_\_\_

**III. Child Information**

Birth Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_ Race: \_\_ \_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicaid #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Child’s Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Documentation of Child’s Special Needs**

\_\_\_\_\_ (Yes/No) Child was deemed Special Needs by Social Services Administration Unit (SSAU) in Georgia SHINES.

If “No”, and Child was deemed Not Special Needs by SSAU, indicate whether the required Deferral/Denial Letter was sent to the adoptive parent:

Deferral/Denial Letter sent: (yes/no) \_\_\_\_\_\_\_; Date Sent: \_\_\_\_\_\_\_\_

If Deemed Special Needs by SSAU, Check the State of Georgia special needs type approved:

\_\_\_A child who has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months

\_\_\_A child who is a member of a sibling group of two or more placed in the same (adoptive) home

\_\_\_A child with a physical, mental, or emotional disability, as validated by a licensed physician or psychologist

\_\_\_\_ (yes/no) The State has obtained documentation which indicates that the child cannot or should not be returned to the home of his or her parents. This documentation includes:

Mother: \_\_Voluntary Surrender / \_\_TPR Order / \_\_Petition for TPR / \_\_Petition to Adopt Father: \_\_Voluntary Surrender / \_\_TPR Order / \_\_Petition for TPR / \_\_Petition to Adopt

\_\_\_\_ (yes/no) Adoption Assistance is required, as stated by the adoptive parent(s)

\_\_\_\_ (yes/no/NA) Child is registered with the adoption exchange (only required for children in DFCS permanent custody and being placed with DFCS-approved resource)

\_\_\_\_ (yes/no) Documentation shows it is in the best interest of the child to be placed in the planned adoptive home; and not in the best interest of the child to seek out other adoptive placements which do not require adoption assistance (required for children not in DFCS custody or who are not registered with the adoption exchange at the time of adoptive placement).

\_\_\_\_ (yes/no) Documentation supporting the above checked special needs is indicated in Georgia SHINES

1. **Funding Type Determined by Rev Max:**

(Check appropriate box) (Note: Section V. not required for Non-Recurring Only AA)

\_\_\_\_ Rev Max has deemed the child IV-E eligible for the purpose of adoption in Georgia SHINES, and this is documented in the AA Funding Summary.

\_\_\_\_ Rev Max has deemed the child IV-B or State-funds eligible for the purpose of adoption in Georgia SHINES, and this is documented in the AA Funding Summary.

**----------------------Documentation Included for IV-E Determination---------------------**

\_\_\_\_ (yes/no/NA) Removal/Shelter Care Order uploaded in SHINES.

\_\_\_\_ (yes/no/NA) Child Receives SSI at the time of adoption placement

If Child Receives SSI, check whether the current SSI Award Letter or Verification of Benefits Attached has been uploaded in Georgia SHINES.

#### •For children in DFCS custody, the Case Manager must send Adoption Assistance Approval Letter to Social Security when Adoption Assistance payments are being initiated, providing initiation date, amount, funding type. This letter must be uploaded in the ADO stage as well as PAD stage.

\_\_\_\_ (yes/no/NA) Medicaid and IV-E Application for Foster Care and Adoption Assistance Form

(For Private Non-DFCS-involved Adoption Assistance Applications Only)

\_\_\_\_ (yes/no/NA) Removal Home Income and Asset Checklist Form

(For Private Non-DFCS-involved Adoption Assistance Applications Only)

\_\_\_\_ (yes/no) Child Receives Survivor’s Benefits and/or additional income

Amount and Source of Survivor Benefits/Additional Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Child is Approved For the Following (as determined by SSAU) in SHINES:**

(Check appropriate box)

\_\_\_\_\_ Title IV-E Adoption Assistance (UAS Code - 509); $\_\_\_\_\_\_\_\_\_\_ Amount

\_\_\_\_\_ Title IV-E Medicaid

\_\_\_\_\_ State Funded Adoption Assistance (UAS Code - 508); $\_\_ \_\_\_ \_\_ Amount

\_\_\_\_\_ State Funded Medicaid

\_\_\_\_\_ Deferred Adoption Assistance Agreement (for DFCS-involved adoptions only)

\_\_\_\_\_ Non-Recurring Only Adoption Assistance (UAS Code - 510) –

(For private/non-DFCS-involved adoptions only)

\_\_\_\_\_ NOT ELIGIBLE FOR ONGOING, NON-RECURRING, OR DEFERRED AA

(For private/non-DFCS-involved adoptions only)

1. **Worker’s Recommendation for Monthly Adoption Assistance, if applicable:**

\_\_\_\_\_ (yes/no) Documentation has been entered into Georgia SHINES regarding the discussion and negotiation of the adoption assistance rate with the adoptive parent(s), including the discussion of the child’s needs, the family’s resources to meet the needs (see policy 12.5 Adoption Assistance: Negotiating Adoption Assistance Agreement for a complete list of requirements for negotiating the adoption assistance rate).

**It is recommended that Adoption Assistance be approved at the NEGOTIATED rate of**

**$ \_\_\_\_\_\_\_\_**\_**MONTHLY** (not to exceed 100% of the child’s foster care per diem). Child’s needs and resources available were discussed with the family.

Current FC per diem rate at the time of adoptive placement is: \_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ (yes/no/NA) Verification of Current Specialized Rate Uploaded in SHINES, if applicable

Certification Period is from \_\_\_\_\_\_\_\_\_\_\_ to \_\_ \_\_ \_\_\_ \_ (End of Child’s 18th Birth Month)

Payments to Begin: \_\_\_\_\_\_\_\_\_\_\_.

1. **Attachments**

* AA Agreement (402) Attached (yes/no/NA): \_\_ \_\_\_\_\_\_
* Non-Recurring Only Agreement (402-A) Attached (yes/no/NA): \_\_\_\_\_\_\_\_\_\_
* Verification of Receipt of Information Packet Regarding Adoption Services/Adoption Assistance Benefits (399) Attached (yes/no/NA): \_ \_ \_\_\_\_\_
* Authorization for Disbursement /Purchase Order Request (ADPOR) (yes/no/NA): \_\_\_\_\_\_\_
* SHINES generated AA Memorandum (form 403) (yes/no/NA): \_\_\_\_\_\_\_

This Narrative/Memorandum and the above attachments/documents are to be uploaded in the ADO stage and again in the PAD stage for children placed on adoptive status while in DFCS permanent custody; for Transfer of Custody for Purpose of Adoption and Private/Non-DFCS cases, the Narrative/Memorandum and attachments/documents are to be uploaded in the PAD stage.