**AUTHORIZATION BY ADOPTIVE PARENT FOR PAYMENT OF**

**NON-RECURRING FUNDS DIRECTLY TO A THIRD PARTY**

I / We,       , authorize the Department of Family and Children Services to provide direct payment of non-recurring funds in the amount of $      as listed in the attached invoice, to the third party provider listed below. I / We understand that the authorized amount shall not exceed $1500.00 per child.

**Third Party Provider Information:**

**Provider Name:**

**Provider Address:**

**Provider Contact Number:**

**Adoptive Parent Signature Date**

**Adoptive Parent Signature Date**