**REQUEST FOR ADOPTION ASSISTANCE**

**Private Non DFCS-Involved Adoption**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | |
| **Pre-Adoptive Parent Name:** | | | | |  | | | **DOB:** | |  | **SSN:** |  |
| **Pre-Adoptive Parent Name:** | | | | |  | | | **DOB:** | |  | **SSN:** |  |
| **Address:** | |  | | | | | | | | |  | |
| **City, State, Zip Code:** | | | |  | | | | | | |  | |
| **Contact Number(s):** | | | **Home:** | | |  | | **Cell:** |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Pre-Adoptive Child’s Name:** |  | **DOB:** |  | **SSN:** |  |

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**Please check the type of adoption assistance you are applying for:**

|  |  |
| --- | --- |
|  | **Non-Recurring Only Adoption Assistance** |
|  | **Monthly/Recurring Adoption Assistance** |
|  | | |

**Please initial the statements below, if applicable:**

|  |  |
| --- | --- |
|  | **I have been provided with the handout regarding *Adoption Assistance for Independent Adoptions.*** |
|  | **I understand that I am not eligible for Adoption Assistance Benefits unless Georgia DFCS provides approval of such benefits prior to the adoption finalization.** |
|  | **I understand that if the adoption finalizes before Adoption Assistance has been approved by Georgia DFCS and prior to an Adoption Assistance Agreement being signed, I will not be eligible for Adoption Assistance Benefits.** |

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| --- | --- | --- | --- | --- |
| **Pre-Adoptive Parent Signature:** | |  | **Date:** |  |
| **Pre-Adoptive Parent Signature:** | |  | **Date:** |  |
| **DFCS Representative:** |  | | **Date:** |  |