**REQUEST FOR ADOPTION ASSISTANCE**

**Private Non DFCS-Involved Adoption**

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| **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:**

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

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

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|  | **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:** |       |