**REQUEST FOR ADOPTION ASSISTANCE**

**(Non DFCS-Involved Adoption)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Pre-Adoptive Parent(s) Name(s):** | | | | | | | | |  | | | | | | |
| **Date of Birth:** | | |  | | | | | | |  | | | | | |
| **Social Security Number:** | | | | | |  | | | | | | |  | | |
| **Address:** | |  | | | | | | | | | | | | |  |
| **City, State, Zip Code:** | | | | |  | | | | | | |  | | | |
| **Contact Number(s):** | | | | **Home:** | | | |  | | | **Cell:** | | |  | |

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

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

**Please check 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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| **Adoptive Parent Signature(s)** | **Date** |
|  |  |
|  |  |
| **DFCS Representative** | **Date** |