**REQUEST FOR ADOPTION ASSISTANCE**

**(Non DFCS-Involved Adoption)**

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| **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:**

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