**Verification of Receipt of Information Packet Regarding**

**Post Adoption Services/Adoption Assistance Benefits**

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| --- |
| This is to confirm that (we) (I) have received a packet of information regarding the Post Adoption Services and the Adoption Assistance Program provided by the DFCS State Adoption Unit and the |
|        | County Department of Family and Children Services. |
|  |

We (I)       received this packet of information at

 *Print Adoptive Parent(s) Name(s)*

the following time: (Please check appropriate box or boxes)

[ ]  IMPACT

[ ]  Signing of the Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) in Home

[ ]  Signing of the Placement Agreement

[ ]  Signing of the Adoption Assistance Agreement

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We (I) understand that we may request this information at another time if needed. We (I) understand that current information regarding benefits can be located on the Internet at [www.gacrs.org](http://www.gacrs.org)

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|                       |  |        |
| Parent Signature |  | Date |
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|                       |  |        |
| Parent Signature |  | Date |
|  |  |  |
|                       |  |        |
| Agency Representative Signature |  | Date |

A copy of this form shall be given to the prospective adoptive parent(s); one copy will be retained in the Adoption Assistance record in the county/region; and one copy will be sent to the Social Services Administration Unit at the time the Adoption Assistance Agreement is signed.