**Verification of Receipt of Information Packet Regarding**

**Post Adoption Services/Adoption Assistance Benefits**

|  |  |
| --- | --- |
| 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 |
|  |  |  |
|  |  |  |
| 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.