



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
ADOPTION SUBSIDY AGREEMENT ATTACHMENT

CONTRACT NUMBER

| | | | | |
|--------------|-----|-----|-------------------------|-----|
| CHILD'S NAME | DOB | DCN | ADOPTIVE PARENT(S) NAME | DVN |
|--------------|-----|-----|-------------------------|-----|

THIS DOCUMENT REPLACES ANY PRIOR ATTACHMENT TO AN ADOPTION SUBSIDY AGREEMENT BETWEEN THE CHILDREN'S DIVISION AND THE ADOPTIVE PARENT(S) CONCERNING THE CHILD NAMED ABOVE.

| SERVICE DESCRIPTION | CODE | CONTRACTED SERVICE (Y/N) | MEDICAID PROVIDED SERVICE (Y/N) | RECURRING YEARLY = Y MONTHLY = M ONE TIME ONLY = O | MAXIMUM AMOUNT | APPROVAL TIME PERIOD |
|---|------|--------------------------|---------------------------------|--|----------------|----------------------|
| BASIC SUBSIDY - MEDICAID (MEDICAL PROVIDER WILL UTILIZE THEIR PRIVATE INSURANCE PRIOR TO ACCESSING MEDICAID) | | | | | | BEGIN |
| | | | | | | END |
| MAINTENANCE | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| DAYCARE | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |

EXPLANATION

| REVIEWED BY | | SIGNATURES | |
|---|------|-------------------------------|------|
| CHILDREN'S SERVICES WORKER | DATE | ADOPTIVE PARENT | DATE |
| CIRCUIT MANAGER OR PLACING AGENCY/DESIGNATED REPRESENTATIVE | DATE | ADOPTIVE PARENT | DATE |
| REGIONAL DIRECTOR OR DESIGNATED REPRESENTATIVE | DATE | ADDRESS | |
| CENTRAL OFFICE UNIT MANAGER (WHEN REQUIRED) | DATE | | |
| ADDRESS | | APPROVAL BY | |
| | | DIRECTOR, CHILDREN'S DIVISION | DATE |