



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

CONTRACT NUMBER

CHILD'S NAME	DOB	DCN	ADOPTIVE PARENT(S) NAME	DVN
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THIS DOCUMENT REPLACES ANY PRIOR ATTACHMENT TO AN ADOPTION SUBSIDY AGREEMENT BETWEEN THE DEPARTMENT 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	
		AUTHORIZED SIGNATURE OF THE DEPARTMENT OF SOCIAL SERVICES	DATE