**Child Specific ADOPTION SUPERVISION AND SERVICES CONTRACT REQUEST FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LICENSED CHILD PLACING AGENCY INFORMATION**

|  |
| --- |
| **NAME** |
| **DVN** |
| **CURRENT MAILING ADDRESS** |
| **PHONE NUMBER**      |
| **E-MAIL ADDRESS**     **(WHERE CONTRACT MAY BE SENT FOR SIGNATURE)** |

 |
| **CHILD(REN) INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD NAME** |       | **DCN** |       |
| **CHILD NAME** |       | **DCN** |       |
| **CHILD NAME** |       | **DCN** |       |
| **CHILD NAME** |       | **DCN** |       |
| **CHILD NAME** |       | **DCN** |       |

 |
| **CONTRACT INFORMATION**

|  |  |
| --- | --- |
| **BEGIN DATE/DATE OF AWARD**      | **END DATE/ONE YEAR FROM BEGIN DATE**      |
|  |
| **CONTRACT AMOUNT** | **AMOUNTS** |
|  |  |
| **NUMBER OF CHILDREN**        |       x $3500.00 |
| **TOTAL AMOUNT**      | $      |
|  |

 |
| **REQUESTING CASE MANAGER CONTACT INFORMATION**

|  |
| --- |
| **NAME**      |
| **TITLE**      |
| **COUNTY OFFICE NAME AND ADDRESS**      |
| **PHONE NUMBER**       |
| **FAX NUMBER**      |
| **EMAIL**       |
| **SIGNATURE**      | **DATE**      |

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| **CD CENTRAL OFFICE APPROVAL** |
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|  |  |
| --- | --- |
| **SIGNATURE** | **DATE**      |

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Please note the following:

* Please provide all requested information as it is needed to complete the contract that will be sent to the licensed child placing agency.
* Please be sure the e-mail address provided is valid. In an effort to expedite the process, the Division of Finance and Administrative Services (DFAS) Procurement Unit will be sending the contract to the provider via e-mail to request signature.
* Please submit the completed request to the Children’s Division (CD) Central Office for approval. If approved, CD will forward the requests to the DFAS for processing. The requesting worker will be copied on the e-mail when the contract is sent to the Licensed Child Placing Agency for signature.

CD-311 (REV10/22)