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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **APPLICATION FOR ADOPTION SUBSIDY** | | | | | | | | |
| **Child Information:** | | | | | | | | | | |
| **This application for an adoption subsidy is made on behalf of the following child:** | | | | | | | | | | |
| **Name** | | | | | | **DOB** | | **DCN** | | |
|  | | | | | |  | |  | | |
| **Date placed with family** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Adoptive Parent(s) Information:** | | | | | | | | | | |
| **This application for subsidy is being made by:** | | | | | | | | | | |
| **Name(s)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Address** | | | | | **City/State** | | | | | |
|  | | | | |  | | | | | |
| **Relationship to family at time of initial placement** | | | | | | | | | | |
| ***TO BE COMPLETED BY WORKER:*** | | | | | | | | | | |
| **Agency who had custody at time of placement** | | | | | **Worker Name** | | | | | |
|  | | | | |  | | | | | |
| **Date of petition** | | | **Date of transfer of custody** | | **Date of TPR** | | **Parent #1** | | | **Parent #2** |
|  | | |  | |  | |  | | |  |
| **Date of last IV-E eligibility determination:** | | | |  | | | | | | |
| **IV-E eligible:**  **Yes**  **No** | | | | | | | | | | |
| **SSI eligible:**  **Yes**  **No** | | | | | **Receiving OASDI**  **Yes**  **No** | | | | | |
| ***Special Needs Criteria for which application is being made: (Check all that apply)*** | | | | | | | | | | |
|  | **Care and custody with the Children’s Division**  **Over age 5**  **Handicapping condition**  **Member of a sibling group being placed together**  **Minority parentage**  **Guarded prognosis** | | | | | | | | | |
| **Summary information regarding the child: (Include medical, physical, and mental health information/documentation as well as relevant information about biological parent(s) that may result in guarded prognosis for this child.)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Attach a copy of the child’s full social summary as outlined in Section 4 Chapter 27 Subsection 3 of the Child Welfare Manual.** | | | | | | | | | | |
| Adoptive Parent Signature | | | | | | | | | Date | |
|  | | | | | | | | |  | |
| Adoptive Parent Signature | | | | | | | | | Date | |
|  | | | | | | | | |  | |