



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 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
					\$ _____	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