

REQUEST FOR ADOPTION ASSISTANCE PROGRAM BENEFIT

The Adoption Assistance Program (AAP) provides benefits to adoptive parents to enable them to meet the needs of AAP-eligible children who are available for adoption. The AAP benefit is a negotiated amount based on the needs of the child and the circumstances of the family determined through discussion between the responsible public agency and the adoptive parents. The maximum AAP benefit for which a child may qualify is based on what the child would have received in a licensed foster family home if he or she had remained in foster care.

I/We, _____ and _____, am/are
(NAME OF ADOPTIVE PARENT) (NAME OF ADOPTIVE PARENT)
considering adopting _____, born _____, My/Our
(NAME OF CHILD) (DATE OF BIRTH)

circumstances and the needs of the child are such that I/we will require assistance under the Adoption Assistance Program in order to agree to adopt this child.

Check (✓) one of the following:

- After the child is placed for adoption, I/we will require assistance in meeting his or her needs. I am/We are providing the following information to assist the agency in determining whether assistance may be provided, and in what amount. I/We understand that for assistance to be provided, the agency and I/we must agree on the amount, timing and duration of the assistance.
- I/We do not require assistance at this time, but wish to complete a deferred agreement with the agency which shall permit such assistance at a later date, due to the child's known medical condition or physical, mental or emotional disability, or other health condition.

1. CHILD'S INCOME

a. This Child's Monthly Unearned Income

Social Security \$ _____
(MONTHLY)

SSI/SSP \$ _____
(MONTHLY)

Other \$ _____
(MONTHLY)

Child's Total Income: \$ _____ X 12 = \$ _____
(MONTHLY) (ANNUAL)

2. HEALTH INSURANCE

Does the family have Health Insurance YES NO

If YES, name of Insurance Plan: _____

Is the child to be covered by this Insurance? YES NO

If NO, reason: _____

3. OTHER INFORMATION

a. Is the child a Regional Center client? YES NO

If YES, which Regional Center: _____

